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Joplin, Missouri 64804  
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## CLIENT INFORMATION SHEET

Office Use Only

Acct #

OWNER'S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_  
(Mr, Miss, Ms, Dr.) Last First Last First

MAILING ADDRESS \_\_\_\_\_  
City State ZIP

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SPOUSE CELL PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

WORK PHONE \_\_\_\_\_ MAY WE CONTACT YOU AT WORK  YES  NO

EMAIL ADDRESS (If you would like your reminders via e-mail) \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SPOUSE'S DRIVER'S LICENSE # \_\_\_\_\_  
State State

### HOW DID YOU BECOME AWARE OF OUR CLINIC?

Sign  Yellow Pages  TV ad  Friend/Relative  Newspaper  Web Site  Other \_\_\_\_\_

If referred by someone, please tell us whom we can thank \_\_\_\_\_

### I AGREE

Signing this document shows that acknowledge and agree upon the following terms and conditions:

**I am over the age of eighteen and hereby authorize the veterinarians to examine, prescribe, and treat my pet as is agreed upon by the veterinarian and myself. I assume full responsibility for the charges incurred during my visits.**

**I acknowledge that Paws Veterinary Clinic does not bill for its services and all fees are due at the time services are rendered. We will gladly prepare an estimate for services upon request. In the case of extensive medical services, a deposit may be required.**

We accept: Cash, Visa, MasterCard, American Express, Discover, and Care Credit.

Checks are accepted, however returned checks for any reason will be assessed a \$25 return check fee. In the event of default, I understand that the balance due may be placed with a collection agency and I agree to pay all reasonable attorney fees, court costs, and/or collection agency fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_