



The Sunrise Pet Clinic Team welcomes you and your pet!

Client (Owner) Information

Primary Caregiver

Last Name: _____ First Name: _____ Mr. Mrs. Ms. Dr.

Street Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Circle one: Spouse Partner Secondary Caregiver

Last Name: _____ First Name: _____ Mr. Mrs. Ms. Dr.

Phone numbers

Home: _____

Which phone number is primary contact?

Cell: _____

Home Cell Work Other

Work: _____

May we send text messages to this number?

Other: _____

Yes No

Email address: _____

Can we use this email address to contact you regarding your pet's health? Yes No

Can we use this email address to contact you with promotional information such as discounts and events?

Yes No

How did you hear about our clinic?

Location Website Event Referral

If referred, please tell us who, so we may thank them!

I understand I am responsible for all fees incurred in the care of my pets at Sunrise Pet Clinic. I understand all professional fees are due at the time services are rendered and Sunrise Pet Clinic accepts cash, check, debit cards, Visa, Mastercard, Discover and American Express. I understand estimates can be provided to me prior to services upon request.

Client Signature: _____ Date _____

For Office Use Only:

Client ID # _____ Doctor _____ INITIALS _____