



Compassionate Care Animal Clinic  
150 Victory Lane  
Elkhart Lake, WI 53020  
920-781-5057 office@ccacpetvet.com

## Client Check-In Form

### Owner Information (must be age 18 and over)

Today's Date \_\_\_\_\_

First and Last Name \_\_\_\_\_

Spouse First and Last Name \_\_\_\_\_

Additional family members who may attend appointments \_\_\_\_\_

\_\_\_\_\_

Client's Address \_\_\_\_\_

Client's P O Box \_\_\_\_\_

Client's City, State \_\_\_\_\_

Client's Zip \_\_\_\_\_

Client's Home Phone \_\_\_\_\_

Client's Cell Phone \_\_\_\_\_

Client's Employer Phone Number \_\_\_\_\_

Emergency Contact and Relationship to Client

\_\_\_\_\_

Spouse or Emergency Contact Cell Phone \_\_\_\_\_

Spouse or Emergency Contact Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

\*your email address will not be sold

Please turn page over for your pet information

How did you hear about our clinic?

Sign/Location

Advertisement

I was a Previous Client

Referred to by: whom may we thank?

\_\_\_\_\_

### Animal Information

Name\_\_\_\_\_

Birth date/Age\_\_\_\_\_

Dog

Cat

Other\_\_\_\_\_

Breed\_\_\_\_\_

Coat Color/Markings\_\_\_\_\_

Male

Female

Spayed/Neutered

Name\_\_\_\_\_

Birth date/Age\_\_\_\_\_

Dog

Cat

Other\_\_\_\_\_

Breed\_\_\_\_\_

Coat Color/Markings\_\_\_\_\_

Male

Female

Spayed/Neutered

Name\_\_\_\_\_

Birth date/Age\_\_\_\_\_

Dog

Cat

Other\_\_\_\_\_

Breed\_\_\_\_\_

Coat Color/Markings\_\_\_\_\_

Male

Female

Spayed/Neutered

I have reviewed the information on this questionnaire, and it is accurate to the best of my knowledge. I understand that prior to treatment, a full explanation of the procedure(s) involved will be given by the veterinarian and/or staff in the care of my animal(s). I agree to pay for all services rendered by this office at time of service. I also understand that should my account become delinquent, my information may be released to a third party collection agency to assist with collecting fees associated with treatment rendered in this office. We will not use your information for marketing communications without your written authorization. I consent to the use of periodic appointment reminder phone calls, voice mail messages, postcards, email or letters.

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