



Best Friends Animal Clinic
13895 Colfax Highway
Grass Valley, CA 95945

Client Information Sheet

Welcome to Best Friends Animal Clinic!

We strive to provide the highest quality pet care in a comfortable and caring atmosphere.

For the safety of all, dogs should be on leashes and cats in carriers. Thank you.

Your Name _____ Date _____

Mailing Address _____ City _____ ST _____ Zip _____

Street Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____

Driver's License # _____ email _____

Occupation _____ Work Phone _____

Employer _____ Address _____

Spouse/Partner Name _____ Cell Phone _____

Spouse/Partner Employer _____ Work Phone _____

In case of emergency call (if we can't reach you or your spouse/partner) _____

Previous veterinarian (where records can be obtained) _____

How did you first hear of us? _____

Pet's Name _____ Dog Cat Male Female Neutered/ Spayed

Breed _____ Color _____ Age/Birthday _____

Charges are due at the time services are rendered.

We will gladly provide a written estimate upon your request.

I assume responsibility for all charges incurred in the care of my animal(s). I understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization.

I will also be responsible for any costs of collection or attorney's fees in the event that that is necessary.

Method of payment: Cash Check Visa/MC/Disc/Debit CareCredit

Signature of Owner/Responsible Party _____