



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.*

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Your Name \_\_\_\_\_ Date \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Driver's License # \_\_\_\_\_ email \_\_\_\_\_

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Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

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Spouse/Partner Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Spouse/Partner Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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Previous veterinarian (where records can be obtained) \_\_\_\_\_

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How did you first hear of us? \_\_\_\_\_

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Pet's Name \_\_\_\_\_ Dog  Cat  Male  Female  Neutered/ Spayed

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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.*

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

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Signature of Owner/Responsible Party \_\_\_\_\_