



Good Shepherd



Veterinary Services P.C.
250 South SR 135 • Bargersville, IN 46106
Office (317)422-8448 • FAX (317)422-8787

Client Information form

Thank you for giving us the opportunity to care for your pet(s)
So that we may become better acquainted please complete the following:

Your Name: _____ Date of birth _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____ Best time to reach you? _____

Employer: _____ Phone: _____

How did you hear of our clinic? Drove by Yellow Pages Previous Client Other Personal Recommendation

If personal recommendation who may we thank? _____

Your pet(s) information

	Pet # 1	Pet # 2	Pet # 3
Name			
Breed			
Date of Birth			
Color			
Sex & Spayed or Neutered			

YOUR PETS VACCINATION HISTORY

Rabies			
Distemper			
Bordetella (Kennel Cough)			
Fecal (Stool Exam)			
Heartworm Test			
Heartworm Prevention			

Any previous history of serious illnesses or surgeries? _____

Any allergies to vaccinations, medications, foods? _____

Is your pet currently on any medications or special diets? _____

All Fees Are Due At The Time Services Are Rendered (Please note: We will need to see your driver's license and get your social security number if you intend to pay with a check)

I understand that every effort will be made to achieve Successful outcomes and to provide for all possible safety on hospital care and handling. I hereby authorize GSVS to receive, prescribe for treat or perform surgery upon the pets listed above. Further, I agree to pay fees for services rendered at the time of discharge. I agree to pay for reasonable collections costs in the event that collection becomes necessary. I understand that a fee of \$27.50 will be charged for insufficient funds (returned) checks. All accounts unpaid after 30 days will be charged service fee of \$5.00 each month.

Signature _____ Date _____