



Dr. Scott Phearman  
Dr. Katrina Gustafson

**CLIENT INFORMATION FORM**

Owner Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial  
 Spouse Name \_\_\_\_\_ Other Name/Relationship \_\_\_\_\_  
 Physical Address & P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse/Other Cell Phone: \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Email Address (spouse/other) \_\_\_\_\_

Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer (spouse/other) \_\_\_\_\_  
 Job Title (spouse/other) \_\_\_\_\_ Work Phone (spouse/other) \_\_\_\_\_

Preferred Method of Payment: Cash Check Visa/MasterCard/Discover/Amex CareCredit

**How did you become aware of our clinic?**

- Yellow Pages  Clinic Sign/Location  Commercial Referral  Newspaper
- Welcome Neighbor  Internet  Veterinary Referral  Humane Society
- Friend/Relative: Whom may we thank? \_\_\_\_\_  Other \_\_\_\_\_

**Pets in the household:**

| Species/Breed | Name | Birthdate |
|---------------|------|-----------|
|               |      |           |
|               |      |           |
|               |      |           |
|               |      |           |
|               |      |           |

**Names of persons who can make medical decisions or request medical information on your pets other than names listed above:** (This consent remains in force and effect unless and until client provides a written revocation of the consent.)

\_\_\_\_\_

Last Name First Name Phone Number

\_\_\_\_\_

Last Name First Name Phone Number

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

**Permission to Use:**

I authorize Watertown Veterinary Clinic to use, publish or reprint in whole or in part photographs of my family and pets for education or promotional purposes in any type of media, including its website. I understand that I will not be paid or rewarded for providing this authorization. This consent remains in full force and effect unless I provide a written revocation of the consent.

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