

**FEGENBUSH LANE ANIMAL CLINIC  
ROBERTA L. MEYER D.V.M.  
CLIENT INFORMATION SHEET**

**OWNER'S NAME: (PLEASE PRINT)** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (INCLUDE AREA CODE): \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ S.S # OR LICENSE #: \_\_\_\_\_

**PATIENT INFORMATION:**                      \_\_\_\_\_ DOG                      \_\_\_\_\_ CAT

PATIENT NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

APPROX. DATE OF BIRTH: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_ SPAYED/NEUTERED? YES NO

**APPROXIMATE DATE OF LAST VACCINATION FOR:**

<u>DOGS</u>	RABIES _____	<u>CATS</u>	RABIES _____
	DHLPP _____		FVRCP _____
	HEARTWORM TEST _____		F. LEUKEMIA _____
	OTHER _____		FeLV/FIV TEST _____

**DRUG REACTIONS?** \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?    PHONE BOOK    SIGN    I WAS A PREVIOUS CLIENT  
FRIEND \_\_\_\_\_    OTHER \_\_\_\_\_

**PAYMENT METHOD TODAY:    CASH                      CHECK                      VISA/MASTERCARD/DISCOVER**  
I UNDERSTAND THAT PAYMENT IS DUE AT TIME OF SERVICES RENDERED. I REALIZE THAT I AM RESPONSIBLE FOR ALL CHARGES, INCLUDING RETURNED CHECK FEES, SERVICE CHARGES AND COLLECTION FEES. SIGNATURE: \_\_\_\_\_