

**PENINSULA SPCA VETERINARY CLINIC  
PREVENTIVE HEALTH CARE CLINIC  
CLIENT INFORMATION SHEET**



**CLIENT INFORMATION:**

NAME (LAST): \_\_\_\_\_ (FIRST): \_\_\_\_\_ MI: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER (NAME, ADDRESS, PHONE):  
\_\_\_\_\_

SPOUSE'S NAME (LAST) : \_\_\_\_\_ (FIRST): \_\_\_\_\_ MI: \_\_\_\_\_

SPOUSE'S HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SPOUSE'S EMPLOYER (NAME, ADDRESS, PHONE):  
\_\_\_\_\_

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**ALL DOGS MUST BE ON A LEASH and ALL CATS MUST BE CARRIERS. IF YOU ARRIVE WITHOUT ONE, ONE MUST BE PURCHASED AND IN USE PRIOR TO BEING SEEN. LEASHES AND CARRIERS ARE AVAILABLE FOR PURCHASE AT THE FRONT DESK.**

**FINANCIAL POLICY:**

**I understand payment is required in full at the time of services rendered. ACCEPTABLE FORMS OF PAYMENT INCLUDE CASH, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS (WITH A VALID ID). NO PERSONAL CHECKS.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Add me to the Peninsula SPCA email list:      Yes                      No