

## CLIENT INFORMATION SHEET

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698 Boyson Road, Hiawatha, IA 52233 1-860-IOWA-EYE (4692-393) 1989 Spruce Hills Road, Bettendorf, IA 52722

CLIENT INFORMA	TION					
Please print clearly and make sure that the information given is specific to the client name listed here. Thank you.						
Primary Contact:	First name	Last name				
Secondary Contact:	First name	Last name				
Address		City	State	Zip		
Primary phone		am/pm Work pho	one	am/pm		
Alternative phone		Employer				
Driver's License# (IF w	riting check)		StateDate of B	Birth		
Email-address						
Have you been to our facility before?   Yes  No						
PET INFORMATIO	N					
Name		Species: 🗆	Dog □ Cat □ Othe	er		
Breed	C	olor	_ Age □`	Yrs □ Mos □ Wks		
Sex: □ Female □ Male Spayed or neutered? □ Yes □ No Date of birth if known						
Has this pet been seen at our facility before? □ Yes □ No						
PRIMARY CARE VETERINARIAN						
Doctor	Clin	nic Name				
PAYMENT INFORI	MATION					
	All medical fees n	nust be paid in full a	t the time of service	• 🖗		
	ply for emergency consument are not included ing your initial consult.					
We acce	ept the following forms of	payment. Please indicate	how you will pay for se	rvices today:		
☐ Cash ☐ Check (va	alid driver's license required)	☐ Credit/Debit Card (Mas	stercard/Visa/Discover/AM	EX) □ Care Credit		
Notice to Client: Your signature verifies that you are the owner or authorized agent for the owner of the pet listed above, that you are at least 18 years of age, and that you are the individual responsible for payment of all medical fees.						
Client's Signature X						
S.ionto Signataro				Date		