

Client Information Sheet

Last Name _____ First Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Employer _____ Cell Phone _____

Spouse or Other Contact Information

Name _____ Relationship if other than spouse _____

Employer _____ Work Phone _____ Cell Phone _____

Payment Information

We will gladly prepare written estimates for services upon request. Please ask a staff member. **Professional fees are due at the time services are rendered.** If you wish to pay by check, please note we only accept checks on local banks. We do not accept starter checks, or checks numbered below 1500. There will be a service charge for any check returned unpaid. If collection efforts become necessary, you will be responsible for all reasonable costs. I have read and agree to these payment policies.

Your signature

How Did You Hear About Us?

- Drive By / Hospital Sign
 Yellow Pages
 Prior Client
 Website
 Certificate / Gift Card
 Individual, someone we may thank? _____

Pet Information (list up to three pets per sheet)

Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

Canine Feline Other Canine Feline Other Canine Feline Other

Breed _____ Breed _____ Breed _____

Color _____ Color _____ Color _____

Male Female Spayed Neutered Male Female Spayed Neutered Male Female Spayed Neutered

Microchip # _____ Microchip # _____ Microchip # _____

Date Last Vaccinations Given _____ **Date Last Vaccinations Given** _____ **Date Last Vaccinations Given** _____

Prior Vet Clinic: _____ **Prior Vet Clinic:** _____ **Prior Vet Clinic:** _____

Has this pet ever had an allergic reaction to vaccinations? Yes No Has this pet ever had an allergic reaction to vaccinations? Yes No Has this pet ever had an allergic reaction to vaccinations? Yes No

Pet Lifestyle Information

Do you live in Sedgwick County? Yes No Is your pet on year round heartworm prevention? Yes No

Do you live inside the city limits of Wichita? Yes No If so, what kind: _____

Do you live inside the city limits of Andover? Yes No Do you have small children, or entertain small children at home? Yes No

Is your yard fenced? Yes No Are your pets near water, tall grass/weeds Or wooded areas? Yes No

Has your pet been microchipped? Yes No Do your pets travel with you? Yes No

Cat owners, do your cats go outside? Yes No What brand of pet food do you use _____

Our vaccination and health reminders are sent by postcard. **In addition, would you like to receive reminders, appointment alerts, and special offers by e-mail and or text?** (Your information will only be used by Kutter Pet Care Center.)

E-mail address _____ **Opt In for Text:** Yes No