



Welcome to Blue Sky Animal Clinic

Our goal is to provide quality compassionate care for your pet. We strive to make your pet's visit as stress and pain free as possible. Please let us know what we can do to improve your visit. We work hard to stay on schedule but there are times emergencies or unexpected complications put us behind. Please let the receptionists know if you are short on time. We promise to strive to give you and your pet exceptional care.

Client Information: (For Clinic Use Only)

Owner Name(s) _____
Address _____ City _____ State _____ Zip _____
Primary Phone Number _____ Cell _____ Home _____
Alternate Phone Number(s) _____
Email Address _____

Emergency Contact Information:

Name(s) _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

Table with 3 columns: Previous Vet Clinic, Phone Number, City/State

Pet(s) Information:

Name of Pet(s) in household _____
Breed _____
Date of Birth/Age _____
Gender /Altered _____
Color _____

Referral:

Please tell us how you heard about us:
Person Yellow Pages Drove-by, saw sign Online Other _____
If applicable, please provide the name of the person who referred you to our clinic, so we can thank them!
Name(s) _____ Phone Number (if known) _____

Permission to Use Photographs:

I grant to Blue Sky Animal Clinic the right to take photographs of me and my pets in connection with the clinic. I authorize Blue Sky Animal Clinic to copyright, use, and publish photos in print and/or electronically for the purpose of publicity, illustration, advertising, education, and Web/social media content.
Yes No

*We accept cash, checks, debit cards, credit cards, and Care Credit as forms of Payment. I acknowledge financial responsibilities for all charges incurred and understand that payment is due when services are rendered. I understand that it is my responsibility to ask for a treatment plan and discuss payment agreements prior to services being rendered.

Client Signature _____ Date _____