



CLIENT INFORMATION SHEET

1281 Brosig St. Ste B | Green Bay, WI 54311 | 920-471-0643

CLIENT INFORMATION (Please print clearly and make sure all information is specific to client name listed here.)

First name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ am/pm. Landline Phone: _____ am/pm

Email address: _____ (required for reminders about your pets' care).

Have you been to our facility before?: Yes No, If yes, has this pet?: Yes No

How did you hear about us?: craigslist facebook website google yelp Q90fm 91.5 The Family

Christian Business Magazine referred by: _____ other: _____

PET INFORMATION

Pet 1: Name: _____ Species: Dog Cat Other: _____

Breed: _____ Color: _____ Age/DOB _____

Sex: Male Female Spayed/neutered: Yes No

Pet 2: Name: _____ Species: Dog Cat Other: _____

Breed: _____ Color: _____ Age/DOB _____

Sex: Male Female Spayed/neutered: Yes No

Policies (PLEASE READ):

Payment for all services are due at this visit and are to be paid in full. Not paying will be considered stealing/shoplifting and the police will be called and charges filed. **Cash, debit card, Visa/Mastercard, and Discover are accepted. NO checks!**

*You will receive a printed receipt and Rabies/Vaccine Certificate. Email: You must provide an email if you would like reminders in the future. Due to state and federal regulations, we are unable to accept returns/exchanges on any medications purchased. Due to state and federal laws, regulations, and governmental fees regarding disposal of needles, medical waste, etc, there is a **\$2.50 medical waste disposal fee per patient** - we have no choice but to charge this as a separate fee. Your signature verifies that you are the owner or authorized agent for the owner of the pet brought in, that you are at least 18 years of age, that you are the individual responsible for payment of all medical fees, and you agree to pay for all medical services you have authorized in writing or verbally to the doctor or staff, and you have read and agree to our policies above and agree with the following: My pet is healthy and has no illnesses or underlying conditions that I know of. For vaccine appointments, my pet has not had a vaccine reaction in the past and does not have nor has had an auto-immune disease or blood disease. I understand that vaccines are needed but can have side effects and accept the risks. I understand that though uncommon, reactions do happen and are unpredictable in who will react. I understand that I am responsible for seeking out treatment for the reaction and will not hold Paws & Co liable for any fees or charges incurred as a result of a vaccine reaction. Vaccines are not without risk, they are a medication and all medications have potential side effects. Vaccines should only be administered to healthy pets. If your pet is not healthy, it cannot be vaccinated today. Though not common, some side effects seen can range from minor discomfort at the injection site, low-grade fever for 24-48 hours, swelling at the site, injection site infection, vaccine reaction with swelling and itchiness of the face to vomiting, also rarely seen but possible, are severe auto-immune diseases, anaphylactic reactions leading to death, and for cats, a vaccine induced tumor at the vaccination site called a Fibrosarcoma. The chance of this injection site tumor is GREATLY reduced when the non-adjuvanted type of vaccines are used. I understand that prices quoted below are subject to change.*

Client Signature: _____ Date: _____

Office use: Form processed by: _____ Time: _____ Date: _____