

# Mountain Shadows Pet Hospital Client Information Form



Caring for pets and  
their families since 1995.

<b>Date:</b>			
<b>Owner's Name:</b>			
<b>Spouse/Partner's Name:</b>			
<b>Address:</b>			
<b>City/State:</b>		<b>Zip Code:</b>	
<b>Phone Number (Home):</b>		<b>Phone Number (Cell):</b>	
<b>Email Address:</b>			
<b>Do we have permission to contact you by:</b> <i>Check all that apply</i>		<input type="checkbox"/> Phone	<input type="checkbox"/> Email

<b>Pet Name:</b>	
<b>Species:</b>	
<b>Breed:</b>	
<b>Color:</b>	
<b>Date of Birth:</b>	
<b>Female or Male:</b>	
<b>Spay/Neuter?</b>	
<b>May we give your pet treats?</b>	

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<b>May we take photos of your pet(s) and post them to our Facebook page?</b>	
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*Office Use Only*

NCL: \_\_\_\_\_