

**The Animal Clinic of Kearney, LLC**  
**CLIENT INFORMATION**

Name \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ (If different from street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Spouse's Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Pet(s) to be seen today:

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Neutered/Spayed \_\_\_\_\_

Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Neutered/Spayed \_\_\_\_\_

Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Reason for today's visit (check all that apply):

\_\_\_\_\_ Routine preventative health care (Annual physical exam, wellness screening, vaccinations, deworming, heartworm or feline leukemia testing, etc.)

\_\_\_\_\_ Grooming \_\_\_\_\_ Boarding

\_\_\_\_\_ Illness or Injury. My pet is exhibiting the following symptoms: \_\_\_\_\_

\_\_\_\_\_ Second opinion or referral from another veterinarian. Veterinarian's name: \_\_\_\_\_

How did you hear about **The Animal Clinic of Kearney, LLC**?

\_\_\_\_\_ Location \_\_\_\_\_ Advertisement \_\_\_\_\_ Telephone Yellow Pages \_\_\_\_\_ Welcome Wagon \_\_\_\_\_ Website

Referred by: \_\_\_\_\_ Other: \_\_\_\_\_

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Financial Policy: **Payment in full is due at the time services are rendered.** For patients requiring extended care involving diagnostic testing, surgery or supportive care, a deposit will be required at the time they are admitted to this clinic. At your request, we will be happy to provide an estimate for recommended or expected services. Please sign and date below to indicate you have read and understand this policy.

Signature of owner or legal agent \_\_\_\_\_ Date \_\_\_\_\_

For your convenience we accept CASH, CHECK, MASTERCARD, or VISA

The following is required if paying by personal check:  
(Please present Photo ID at time of payment)

Missouri Driver's License \_\_\_\_\_

Date of Birth \_\_\_\_\_