



Dr. Scott Phearman
Dr. Katrina Gustafson

CLIENT INFORMATION FORM

Owner Name _____ Date _____
Last First Middle Initial

Spouse / Other Name _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____

Job/Title _____ Work Phone _____

Spouse's Place of Employment _____

Job Title (spouse) _____ Work Phone (spouse) _____

Preferred Method of Payment: Cash Check Visa/MasterCard/Discover CareCredit

How did you become aware of our clinic?

- Yellow Pages Clinic Sign/Location Commercial Referral Newspaper
- Welcome Neighbor Internet Veterinary Referral Humane Society
- Friend/Relative: Whom may we thank? _____ Other _____

Pets in the household:

Species/Breed	Name	Age

Names of persons who can make medical decisions or request medical information on your pets:
(This consent remains in force and effect unless and until client provides a written revocation of the consent.)

Last First Phone Number

Last First Phone Number

Signature _____ Date _____

Permission to Use:

I authorize Watertown Veterinary Clinic to use, publish or reprint in whole or in part photographs of my family and pets for education or promotional purposes in any type of media, including its website. I understand that I will not be paid or rewarded for providing this authorization. This consent remains in full force and effect unless I provide a written revocation of the consent.

Signature _____ Date _____