



**47-B Ridge Crest Drive, Fleetwood, PA 19522**  
**Ph# 484-462-8387 Email info@savsvet.com**

**Client(s) Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Can we send you reminders through postal mail?  Yes  No  
 through email?  Yes  No  
 through text?  Yes  No

What is the best contact number? \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Cell Phone \_\_\_\_\_

**How did you hear about our clinic?**

- Google Ad
- Walk-in/Sign
- Other: \_\_\_\_\_
- Yelp
- Friend Referral (Please provide a name)
- \_\_\_\_\_
- Facebook

**Pet(s) Information:**

Pet Name			
Species			
Breed			
Date of Birth / Age			
Sex (spayed / neutered)			
Current Heartworm Prevention			
Current Flea Prevention			

How will you be paying for today's services? Cash Credit Card/Debit Care Credit Scratch Pay

As the owner, or authorized agent, of the above named pet, I hereby consent and authorize the clinic to receive, prescribe, treat or operate on this pet. I give Small Animal Veterinary Services, LLC permission to obtain my pet's medical history from other animal clinics/hospitals, and to also give my pet's medical history to other veterinary professionals, when necessary. I understand that all fees are due and payable upon the release of the patient.

**All payments are due at the time of services rendered.**

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_