



### Sugar House Veterinary Hospital

2206 S. McClelland Street  
Salt Lake City, Utah 84106  
801-487-9981  
www.sugarhousevet.com

L. Gregg Latimer, DVM  
Eric D. Belnap, DVM  
Sherri L. Edgar, DVM  
Cortney A. Seggermann, DVM

Client # \_\_\_\_\_

### Client Information Form

Dear Client,

To assist us in accurately maintaining your records and become acquainted with you please provide us the following information.

Owners Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City & Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Is anyone else authorized to bring in your pet(s) for treatment? Name/ Contact Info: \_\_\_\_\_

How may we contact you with updates and reminders? Phone Text Message  Email

May we post pictures of your pet on our website, social media, and/ or other internal marketing?

Yes  No

How did you become aware of our hospital?

Website  Facebook  Yellow Pages  Hospital Sign  Internet Search

Personal Referral \_\_\_\_\_  Other \_\_\_\_\_

May we contact your previous veterinarian for:  Vaccination History  Medical Records  Do not contact my previous veterinarian. Veterinarian/Hospital Name \_\_\_\_\_

We make every effort to provide the best medical care for your pet at reasonable cost. Feel free to inquire about the cost of services before those services are performed. Payment is required at the completion of each visit. We gladly accept all major credit & debit cards and cash. If you would like more payment options, ask our staff. I would like more information regarding:  Care Credit  Pet Insurance  Wellness Plans

**I agree that I will be held personally responsible for payment of all service provided in my behalf by the hospital. I further agree that all sums shall be due in full upon receipt of service. I understand delinquent accounts will be charged interest at 1.5% per month. I specifically agree to pay all reasonable attorneys fees and court costs in the event legal action is taken to collect on an amount. I further agree to pay an additional amount representing up to 40% of the principal balance if the account is referred to a collection agency or attorney for collections. This additional amount is in recognition of the cost associated with the said collection action processing.**

Method of Payment:  Cash  Credit Card  Debit Card

**\*Please See Reverse Side\***



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**Patient Information**

If your pet has any previous medical or vaccination history from another facility, please list below where we may obtain these records to fully evaluate your pets needs.

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet 1

Pet 2

Pet Name		
Species/Breed		
Birthday		
Color		
Sex		
Has your pet been spayed or neutered?		
What were the last vaccines your pet received and when?		
Has your pet been microchipped?		
How long has it been since your pets last dental?		
How is your pets weight?		
What kind of food are you feeding?		
Is your pet currently taking heartworm preventive medication? What Kind?		

Do you have any other pets at home? What kind?

What other services can we provide you with today?

Nail Trim  Anal Gland Expression  Fecal Exam  Heart Worm Test  Ear Cleaning

Tooth Brushing Demonstration  Nutrition and Weight Assessment  Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**