



Welcome to the Red Barn Veterinary Clinic

Thank you for giving us an opportunity to care for your pet. Please help us ensure the best care possible by completing this information sheet.

Client Information

Owner's Name: _____ Birth date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Can we text this number with appointment or pet information? Yes ☐ No ☐

Home Phone: _____

Email: _____

Your information is used to send appointment reminders & educational information. We will never sell your information to a 3rd party.

Would you like to add a secondary person to this account?

Name: _____

Pet Information

Name: _____ Date of Birth / Age: _____

Dog / Cat Breed: _____ Color: _____

Sex: Male ☐ Female ☐

Neutered/Spayed: Yes ☐ No ☐

Has your pet been seen at another clinic in the last year? Yes ☐ No ☐

If yes, where and what was the reason? _____

Authorization

By completing this form, I authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered. We do not bill or offer payment plans. If paying with a card, card holder must be present, and may be asked to provide form of identification.

Please Select Preferred Method of Payment: (We do NOT accept checks!)

☐Cash

☐Credit Card (All major cards accepted)

☐Debit Card

☐Care Credit

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.

Signature: _____

