

BIRD & PET CLINIC OF *ROSEVILLE*
3985 Foothills Blvd.; Roseville, Calif. 95747
 ph. (916) 773-6049 fax (916) 773-9278

| | | |
|--|--------------------------------|--------------------|
| Date | Client Information Card | Client ID # |
| Client Name | | Phone # |
| Home Address | | Zip Code |
| Driver's License # / State / Exp. date | | Cell # |
| Employer / Work Address | | Work # |
| Client E-mail Address | | |
| Client Name (Spouse) | | Phone # |
| Driver's License # / State / Exp. date | | Cell # |
| Employer / Work Address | | Work # |
| Client E-mail Address | | |

| Pet's Name | Species | Color | Birthday | Sex | Spay Neuter? |
|------------|---------|-------|----------|-----------|-----------------|
| | | | | M / F / U | Yes / No |
| | | | | M / F / U | Yes / No |
| | | | | M / F / U | Yes / No |
| | | | | M / F / U | Yes / No |
| | | | | M / F / U | Yes / No |
| | | | | M / F / U | Yes / No |
| | | | | M / F / U | Yes / No |

| |
|-------------------------------------|
| Form of Payment (Circle One) |
|-------------------------------------|

VISA MASTERCARD PERSONAL CHECK CASH CARE CREDIT