



Acct #: _____
For office use only

In order to keep our records up to date and accurate, please fill out the information below.

Name: _____

Address: _____

Email address: _____

Phone number:

Home: _____ Cell: _____ Work: _____

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

Once filled out, please return this sheet to the receptionist, you may be asked for your driver's license so that a copy can be made.

*We fall under "HIPAA" regulation as well as The Privacy Act of 1974, 5 U.S.C. § 552a. *Occasionally you may receive special offers, promotions and information on programs such as access to our online stores and Pet Portals (some of which may require sign up if interested), all of which are affiliated with Carlson Pet Hospital, INC. We will never sell your information to outside agencies.*

Do not write below this line

Receptionist: When making copy of drivers license/ID, align on scanner and place this sheet on top of it so that it is in the middle of this page when copied. When finished copying, hand client back their ID and this sheet (without the drivers license copy on it) or ask if they want us to shred it. The copy with the DL on it is to be scanned in on the client's record.