



Thank you for choosing Odyssey Veterinary Care!

Client Information:

Name: _____ Spouse/Other: _____
First Last First Last

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ (home) (work) (cell) circle one

Secondary Phone: _____ (home) (work) (cell) circle one

Other Phone: _____ (home) (work) (cell) circle one

Spouse/Other Primary Phone: _____ (home) (work) (cell) circle one

Email Address(s): _____

Providing us with your e-mail will allow us to easily e-mail you relevant information about your pet such as reminders, exam forms, vaccine certificates, etc. **You will also gain access to your pet's electronic health records (Pet Portal)** to view vaccine dates, renew prescriptions, etc.

Patient Information:

Previous Clinic (if any) _____

Name: _____ canine feline Date of Birth: _____

Breed: _____ Color/Markings: _____

Male / Female? _____ Neutered / Spayed? _____

Name: _____ canine feline Date of Birth: _____

Breed: _____ Color/Markings: _____

Male / Female? _____ Neutered / Spayed? _____

**please add any additional pets to the back of this sheet*

Please take a moment to tell us how you became aware of/ selected our clinic?

(check more than one if applicable)

- Drove By Yellow Pages Book (YP.com) Yellow Pages Online
- TV Commercial Star Cinema Google/Yahoo Online Search
- Postcard from Odyssey AAHA Search

Other: _____
(Please describe)

Personal Recommendation from: _____
(Please include the name of the person who referred you. **You will get \$25 off your first exam and they will get a \$25 credit!**)