



9347 S. State Road 15
Silver Lake, IN 46982
reception@sommersvh.com
260-352-2810

Client Information Form

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Secondary Contact: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

May we use your pet's picture in social media posts? _____

FOR CHECKS & PRESCRIPTION OF CONTROLLED SUBSTANCES (EX: GABAPENTIN):

Driver's License Number: _____

State of Driver's License: _____

Pet's Information:

Pet's Name: _____ Species: _____ DOB/Age: _____

Spayed or Neutered? (circle one) Yes or No Breed: _____

Please list any known allergies or medical conditions below:

Hospital Policies

1. PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED*****
2. We accept cash, checks, Visa, Mastercard, Discover, American Express and Care Credit.
3. Kindly call 24 hours in advance to reschedule or cancel your appointment/surgery. If you fail to show up, you will be required to pre-pay the exam fee when scheduling any future appointments. If this occurs with surgery, you will be required to pay a \$100 deposit at the time of scheduling a future procedure. These fees are NOT REFUNDABLE.

Signature: _____

Date: _____