

**Norfolk Veterinary Clinic**  
**500 Omaha Ave. Norfolk, NE 68701**  
**PLEASE PRINT CLEARLY**

Patient's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Sex \_\_\_\_\_ Address \_\_\_\_\_

Breed \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Color description \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Work Phone \_\_\_\_\_

ID # \_\_\_\_\_ Cell Phone \_\_\_\_\_

[illegible][illegible]

Norfolk Veterinary Clinic  
500 Omaha Avenue  
Norfolk, NE 68701  
402-371-5665

Client Information Form  
PLEASE PRINT CLEARLY

**MUST BE 18 YEARS OF AGE OR OLDER TO FILL OUT**  
**PHOTO ID MAY BE REQUIRED**

Owner's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Owner's Cell # \_\_\_\_\_  
Driver's License or Social Security # \_\_\_\_\_  
Owner's Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Spouse's Cell# \_\_\_\_\_  
Spouse's Employer \_\_\_\_\_  
Employer's Phone # \_\_\_\_\_  
  
Alternate Contact \_\_\_\_\_  
(in the event that we cannot reach you)  
Phone# \_\_\_\_\_

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites. I authorize the Veterinarian to provide vaccinations and parasite control as needed for my pet. Norfolk Veterinary Clinic will gladly prepare an estimate for intended services if you request.

**I agree to pay in full for all services and/or supplies at the time of service.**

**A deposit is required on all hospitalized patients with the balance due upon release of the patient.**  
**We accept cash, check, Visa, Mastercard, Discover, and Care Credit for payment. All returned checks**  
**will be assessed a \$30 returned check fee.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Legal owner or authorized agent must be 18 years of age or older)

Thank you for giving Norfolk Veterinary Clinic the opportunity to care for your pet.