



310 Dewey St PO Box 370 Foley, MN 56329 (320)968-6677

Client Update Information

Date _____

In order to continue giving your pets the best care possible, we would like to get to know you and your pet better. As you fill out the information below, **please know that all patient and client information is CONFIDENTIAL and will NOT be shared with anyone outside of the Mille Lacs and Becker Veterinary Clinics.**

<p>Primary Owner _____</p> <p>Address _____</p> <p>City/ST/Zip _____</p> <p>Hm Phone _____</p> <p>Wk Phone _____</p> <p>Cell _____</p> <p>Email _____</p> <p>Occupation _____</p>	<p>Secondary Owner _____</p> <p>Relationship to Primary _____</p> <p>Hm Phone _____</p> <p>Wk Phone _____</p> <p>Cell _____</p> <p>Email _____</p> <p>Occupation _____</p>
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How did you hear about us? Please circle:

- | | | |
|----------|----------------|--------------------|
| Website | Newspaper | Yellow pages |
| Facebook | Humane Society | Rescue group |
| Groomer | Trainer | Friend or Relative |

Other (please specify) _____

Is there someone we can thank? _____

ARE YOU INTERESTED in receiving information on your (check all that apply)

- Pet's medical concerns, specifically _____
- Pet behavior and training Other _____

OTHER INFORMATION:

Total # of persons in your household _____ Ages (circle) 1-6, 7-18, 19-50, 51-90

- Do you consider your pet a/an (check all that apply) Member of the family Indoor pet Outdoor pet
- Hunting dog Show pet Therapy pet Breeding animal Other _____

THANK YOU FOR VISITING US TODAY!