



**Walter Mullen, DVM**

886 N. Lehmborg Road,  
Columbus, MS 39702  
(662) 328-2821

## CLIENT INFORMATION SHEET

Welcome to Animal Health Services.

Our mission is to provide our clients with the very best loving,  
compassionate veterinary and wellness care for you and your family.

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### CLIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: Mr. Mrs. Ms. Dr.  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Apt #: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
County: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Spouse / Other: \_\_\_\_\_

**For checks, please provide your Driver's License number and date of birth.**

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Others that have my permission to admit my pet(s)** for minor medical treatment in case I am unable to admit them,  
with the understanding that these people will be financially responsible for services rendered are:

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### How did you become aware of our hospital?

- Referred by a friend. Whom may we thank? \_\_\_\_\_  
 Drove by  Previous Client  Yellow Pages  Internet Search  Other \_\_\_\_\_

**We require payment when services are performed.**

**For your convenience, we accept:**

**Cash, Checks\*\*, Visa, Mastercard, Discover**

\*\*Driver's license must be present with any payment with a check.

\*\*There will be a \$36 fee for any returned check. Client will be responsible for any and all court fees.

**How will you be paying today?** \_\_\_\_\_

I verify that all the information provided was accurate and that I am financially responsible for my pet(s).

Signed \_\_\_\_\_

Date \_\_\_\_\_