



**Animal Health Clinic of Funkstown  
CLIENT UPDATE FORM**

(Please Print Clearly)



*In order to keep our records up to date, please fill in the information below.  
Thank you.*

Today's Date: \_\_\_\_\_

Owner: \_\_\_\_\_  Mr.  Mrs.  Miss  Ms.

Street address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's address  
(incl. City, State & Zip) \_\_\_\_\_

Co-Owner/Spouse Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Co-Owner/Spouse Phone: \_\_\_\_\_ Co-Owner/Spouse Cell Phone: \_\_\_\_\_

Spouse's Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's address  
(incl. City, State & Zip) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Are you eligible for a senior citizen discount? (65 years or older)  Yes  No

Are you eligible for a military discount? (active or retired military with ID)  Yes  No

E-mail address \_\_\_\_\_@\_\_\_\_\_. \_\_\_\_\_

*Providing us with your e-mail address will allow you FREE online access to your own PET PORTAL as well as occasional information on events and special offers. Having a Pet Portal will allow you to access your account and your pet's records with us. We will not sell your e-mail address to anyone and will only be used by our office.*