



PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date _____
Owner's Name _____ Spouse/Other _____
Email Address _____
Address _____ City _____ State/Prov. _____ Zip/PC _____
Home Telephone _____ Work Telephone _____
Employer's Name & Address _____
Spouse's/Other's Employer & Address _____
At what time _____ and at what phone number _____ is it best to call about your pet?
In case of EMERGENCY, please call _____ at telephone number _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** If you pay by check or credit card, please complete the following:

Driver's License
State/Province: _____ Number: _____

Signature: _____

How did you first hear of our hospital?
☐ Individual; someone we may thank? _____
☐ Yellow Pages for location ☐ Yellow Pages for service(s) ☐ AAHA referral
☐ Hospital sign
☐ Other _____
We consider our pet(s) ☐ part of the family ☐ just as pets
☐ Please add my name to your mailing list

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet. _____

Comments: _____

ANIMAL MEDICAL HISTORY (Please complete all information for each pet)

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Length of Time Owned			
Altered or Spayed			
Vitamins (type)			
Diet (kind of pet food)			
Type of Grooming Products			
Hours Spent Outside Each Day			
VACCINATIONS			
DHLP (distemper-dog)			
Parvovirus (dog)			
FVRCP (infectious diseases-cat)			
Rabies (dog/cat)			
Feline Leukemia Test			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam (worms-dog/cat)			
Dentistry			
Prior Illness			
Prior Surgery			

PET ORIGIN:

☐ Humane Society

☐ Pet Shop

☐ Kennel

☐ Advertisement

☐ Friend

☐ Stray

☐ Individual (nonbreeder)