

Patient/Client Information

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

Owner's Name: _____

Spouse/Other: _____

Owner's Social Security Number: _____

Spouse/Other SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell #: _____ Email: _____

Employer's Name & Address: _____

In Case of EMERGENCY, Call _____

Phone # _____

Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____

Driver's License # _____

Preferred Method of Payment: Cash Check Credit Card

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

Individual, Someone We May Thank? _____

Yellow Pages, or another telephone directory? _____

Hospital Sign? _____

Another Hospital? If so, which? _____

Other, please state: _____

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge.

Signature _____ Date _____

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Flea Products Used			
Vaccinations	Please note the dates the following vaccines/tests were given		
	Pet #1	Pet #2	Pet #3
DOGS:			
DA2LPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Other Vaccines - Please Specify			
Rabies			
CATS:			
FVRCP (Infectious Diseases)			
FELV (Feline Leukemia)			
FIP (Feline Infectious Peritonitis)			
Rabies			
Other Vaccines - Please Specify			
Heartworm Test (Dogs)			
FELV Test or FIV Test ? (Cats)			
Fecal Test (Stool Exam for Worms)			
Dentistry (Approx Date Work was Done)			
Geriatric Health Screen (Approximate)			
Medical History - Prior Illness/Surgery:			
<i>Thank You!</i>			