



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.

Date: _____

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Owner's Social Security Number: _____ Spouse/Other SSN: _____

E-Mail Address: _____ Cell Phone #: _____

Employer's Name & Address: _____

Spouse's/Other's Employer Name & Address: _____

At what time _____ and at what phone # _____ is it best to call about your pet?

In case of EMERGENCY, call _____ at phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. 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: _____

Would you like to be on our mailing list? You will receive timely reminders when your pet's vaccinations, examinations, etc. are due. Yes No

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

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. 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.

Signature _____ Date _____

(OVER)

For Office Use: Special Client Identification Code S B G E R Entered by: _____

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species			
Breed			
Description (Color)			
Age or Date of Birth			
Sex			
Altered or Spayed			
Diet (Name of Your Pet Food)			
Vitamins or Treats			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Vaccinations	Please write down the dates the vaccines/tests were given.		
DHLPP (Distemper/Parvo - Dogs)			
Corona (Dogs)			
Bordetella (Kennel Cough - Dogs)			
Lyme (Dogs)			
Rabies (Dogs/Cats)			
FVRCP (Infectious Diseases - Cats)			
FELV (Feline Leukemia - Cats)			
Other Vaccines - Please List			
Heartworm Test (Dogs)			
Heartworm Prevention? (Dogs)			
FELV Test or FIV Test? (Cats)			
Fecal Test (Stool Exam for Worms)			
Dentistry (Date Work was Done)			
Geriatric Health Screen			
Medical History - Prior Illness/Surgery:			
Thank You!			