

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 _____

Social Security # _____ Spouse's Social Security # _____

Driver's License: State _____ Number _____

Address _____

City _____ State _____ Zip _____

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.**

How did you first hear of our hospital?

- Individual: someone we may thank? Hospital sign
 Yellow Pages for location Yellow Pages for service(s) Other _____

We consider our pet(s) part of the family just as pets

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.

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I understand that if I do not pay for services as agreed, I agree to pay all costs of collection.

Owner or Responsible Party _____

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

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Humane Society | <input type="checkbox"/> Pet Shop | <input type="checkbox"/> Kennel | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Stray | <input type="checkbox"/> Individual (nonbreeder) | |