

WELCOME TO OUR PRACTICE

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

CLIENT INFORMATION

DATE _____

Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Telephone: Home: _____ Work: _____ Cell: _____

Spouse: Work: _____ Cell: _____

Employer's Name & Address _____

Email Address: _____

Driver's License # _____

How did you first hear about our hospital? AAHA Referral
 Individual ; someone may we thank? _____ Hospital Sign
 Yellow Pages Internet Other _____

Emergency Contact Name: _____ Telephone: _____
(Other than yourself or your spouse)

We will gladly prepare an estimate if you desire. Please ask the receptionist or doctor.

AUTHORIZATION: (MUST BE 18 YEARS OR OLDER)

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL**

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date _____

Method of Payment: Cash Check Credit Card Debit

WE DO NOT ACCEPT TEMPORARY CHECKS OR CREDIT CARD CHECKS!!!!

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			
Diet (kind of pet food)			
Hours Spent Outside Each Day			
VACCINATIONS (if copy not attached)			
Canine			
DHP (distemper)			
Parvovirus			
Lepto			
Rabies			
Bordetella			
Feline			
FVCRP (infectious diseases)			
Leukemia			
Rabies			
Heartworm Test			
Heartworm Prevention			
Fecal Exam (worms)			
Dentistry			
Prior Illness			
Prior Surgery			
PET ORIGIN:	<input type="checkbox"/> Humane Society	<input type="checkbox"/> Pet Shop	<input type="checkbox"/> Kennel
	<input type="checkbox"/> Friend	<input type="checkbox"/> Stray	<input type="checkbox"/> Advertisement
		<input type="checkbox"/> Individual	