



Client Information

Thank you for giving us the opportunity to care for your pet. Please fill out the information below so that we may meet your individual needs.

Owner's Name _____ Significant Other _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Employer's Name & Address _____

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

In case of EMERGENCY, please contact _____ at phone number _____

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

Please add my name to your mailing list

Why are you here today?

How did you first hear of our hospital?

Individual (someone we may thank?) _____ AAHA referral Hospital sign
 Internet Yellow Pages for service(s) Other _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND CLEAR OF INTERNAL AND EXTERNAL PARASITES.

I authorize the doctor to provide vaccines and parasite control as needed for my pet.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

I agree to assume full financial responsibility for all treatments for my pet.

I will be paying today by: Cash Check M/C Visa

Signature _____ Date _____

Your Pets' Medical History

	PET #1	PET #2	PET #3
Pet's Name			
Species (cat, dog, other)			
Breed			
Color			
Date of Birth/Age			
Male/Female			
Neutered/Spayed			
Length of time owned			
Where did you get your pet?			
Has your pet received any of the following and when:			
DHLP (dog distemper)			
Parvovirus (dog)			
Rabies (dog & cat)			
FVRCP (cat)			
Feline Leukemia Test (cat)			
Any other vaccines			
Heartworm Test/Prevention			
Fecal Exam for worms			
Prior Illness or Surgery			

Signature _____ Date _____