



# 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

	<b>PET #1</b>	<b>PET #2</b>	<b>PET #3</b>
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?			
<b>Has your pet received any of the following and when:</b>			
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 \_\_\_\_\_