



# 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.**

|                                    |                    |      |                |        |                               |
|------------------------------------|--------------------|------|----------------|--------|-------------------------------|
| <b>OWNER'S NAME AND ADDRESS</b>    | MR. MRS. MISS. DR. | LAST | FIRST          | MIDDLE | HOME PHONE                    |
|                                    | STREET             |      | APT. #         | CITY   | STATE                         |
| <b>EMPLOYER'S NAME AND ADDRESS</b> | NAME               |      | BUSINESS PHONE |        | OWNERS SOCIAL SECURITY NUMBER |
|                                    | STREET             |      | CITY           | STATE  | ZIP                           |
| <b>SPOUSE</b>                      | NAME               |      | EMPLOYER       |        | PHONE                         |

**Cell Phone #** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**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. If you pay by check or credit card, please complete the following.**

**Drivers License #** \_\_\_\_\_ , **State** \_\_\_\_\_

**How did you first hear of our hospital?**

AAHA referral

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.** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 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       |        |        |        |
| <b>VACCINATIONS</b>                |        |        |        |
| DHLPP (distemper-Parvovirus - dog) |        |        |        |
| Bordetella (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) |  |