

Patient/Client Information

(Please fill out front and back in full)

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Email Address: _____

Employer's Name & Address: _____

Spouse's/other's Employer Name & Address: _____

When Is It Best to Call About Your Pet? At What Time: _____ What Phone _____

In Case of EMERGENCY, Call _____ at Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____ Driver's License #: _____

Preferred Method of Payment: **Cash** **Check** **Credit Card**

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

() Individual, Someone We May Thank? _____

() Yellow Pages, or another telephone directory? _____

() Hospital Sign/Location/Drove By

() Brand New Movers (letter in mail)

() Another Hospital? If so, which? _____

() Other, please state: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive and release all records and medical history for, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check. There is also a \$25.00 service fee for any unpaid accounts that require a certified letter to be sent. All accounts unpaid after 30 days receive a service charge of 1.5% monthly with a minimum monthly charge of \$3.00. I understand that veterinary service is not provided after normal business hours and continuous presence of qualified personnel is not provided after normal business hours. If I neglect to pick up my pet within 14 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Signature _____ **Date** _____

| | | | |
|--|--|--------------------------|--------------------------|
| Please complete information for all your pets | Pet #1 | Pet #2 | Pet #3 |
| Pet's Name | | | |
| Species (Dog, Cat, Bird, etc.) | | | |
| Breed | | | |
| Description (Color and Markings) | | | |
| Age or Date of Birth (Approximate) | | | |
| Sex | M - F | M - F | M - F |
| Altered or Spayed? | Y - N | Y - N | Y - N |
| Microchipped? | # | <i>Manufacturer:</i> | |
| Diet (Name of Your Pet's Food) | | | |
| Daily Medications, Vitamins or Treats | | | |
| Shampoo/Flea Products Used | | | |
| Hours Spent Outside Each Day | | | |
| | Please note the dates the following vaccines/tests were given | | |
| | Pet #1 | Pet #2 | Pet #3 |
| Vaccinations | <i>M / D / YR</i> | <i>M / D / YR</i> | <i>M / D / YR</i> |
| DOGS: DA2PP (Distemper/Parvo) | / / | / / | / / |
| Bordetella (Kennel Cough) | / / | / / | / / |
| Corona | / / | / / | / / |
| Other Vaccines - Please Specify | / / | / / | / / |
| Rabies | / / | / / | / / |
| Heartworm test | / / | / / | / / |
| CATS: FVRCP (Infectious Diseases) | / / | / / | / / |
| FELV (Feline Leukemia) | / / | / / | / / |
| FIP (Feline Infectious Peritonitis) | / / | / / | / / |
| Rabies | / / | / / | / / |
| FELV Test or FIV Test? | / / | / / | / / |
| Fecal Test (Stool Exam for Worms) | / / | / / | / / |
| Dentistry (Approx Date Work was Done) | / / | / / | / / |
| Blood Testing | / / | / / | / / |
| Medical History - Prior Illness/Surgery: | | | |
| | | | |
| | | | |
| | | | |
| <i>Thank You!</i> | | | |

