



WELCOME

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete both sides of this information sheet. We will gladly prepare a written estimate if you desire, please ask the receptionist or doctor.

Today's Date _____

CLIENT INFORMATION

Owners Name:	Spouse/Other:
Home Address: City, State, Zip	Home Address: City, State, Zip
Home phone: Office: Cell:	Home phone: Office: Cell:
Drivers License #: _____ State: _____	Drivers License #: _____ State: _____
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
In case of emergency, please call:	
How did you hear of our hospital?	
<input type="checkbox"/> Individual: Someone we may thank. _____ <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet <input type="checkbox"/> Hospital Sign <input type="checkbox"/> AAHA referral	
We consider our pets: <input type="checkbox"/> Part of the family <input type="checkbox"/> Just as a pet <input type="checkbox"/> Hunting companion	
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: _____	Date: _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

ANIMAL MEDICAL HISTORY

PLEASE COMPLETE ALL INFORMATION FOR EACH PET

	Pet 1	Pet 2	Pet 3
Name			
Species (cat, dog, other)			
Breed			
Color			
Age (years)			
Date of Birth			
Neutered or Spayed?			
Vitamins (type)			
Diet (brand of food)			
Grooming Products			
Hours outside each day			

VACCINATIONS

DHPP (distemper) dog			
Parvovirus dog			
FVRCP (infectious diseases) cat			
Rabies dog and cat			
Feline leukemia test			
Other vaccines			
Heartworm test			
Fecal exam (worms)			
Dentistry			
Prior Illnesses			
Prior Surgeries			
Pet Origin (humane society, Pet Shop, Kennel, Friend, Stray, Advertisement, Non-breeder)			