

# Patient/Client Information

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 this information .

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse/Significant Other Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

At What Time \_\_\_\_\_ And At What Phone # \_\_\_\_\_ Is It Best to Call About Your Pet?

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  Care Credit

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?

Another Hospital? If so, which? \_\_\_\_\_

Other, please state:

Our Current Reminder System Can Provide Up To 3 Reminders At 2-4 Week Intervals. Do You Wish To Be Reminded

More Than One Time? Yes ( ) No ( )

**To help prevent the spread of infectious diseases, 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, 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 \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up <animal> within 5 days of the discharge date and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and/or necessary.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Animal Medical History**

<b>Please complete information for all your pets - Thank You!</b>	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>
<b>Pet's Name</b>			
Species (Dog, Cat, Bird, etc.)			
<b>Breed</b>			
Description (Color and Markings)			
<b>Age or Date of Birth</b> (Approximate)			
<b>Sex</b>	M - F	M - F	M - F
<b>Altered or Spayed?</b>	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			

<b>Vaccinations</b>	Please note the dates the following vaccines/tests were given		
	Pet #1	Pet #2	Pet #3
<b>DOGS:</b>			
<b>DA2LPP</b> (Distemper/Parvo )			
<b>Bordetella</b> (Kennel Cough)			
<b>Corona</b> (Dogs)			
<b>Other Vaccines</b> - Please Specify			
<b>Rabies</b>			
<b>CATS:</b>			
<b>FVRCP</b> (Infectious Diseases)			
<b>FELV</b> (Feline Leukemia)			
<b>FIP</b> (Feline Infectious Peritonitis)			
<b>Rabies</b>			
<b>Other Vaccines</b> - Please Specify			
<b>Heartworm Test</b> (Dogs)			
FELV Test or FIV Test ? (Cats)			
<b>Fecal Test</b> (Stool Exam for Worms)			
<b>Dentistry</b> (Approx Date Work was Done)			
<b>Geriatric Health Screen</b> (Approximate)			
<b>Medical History - Prior Illness/Surgery:</b>			
<i>Thank You!</i>			