

# 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.

Date \_\_\_\_\_ e-mail \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Address \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Spouse's/Other's Employer & Address \_\_\_\_\_

At what time \_\_\_\_\_ and at what phone number \_\_\_\_\_ is it best to call about your pet?

In case of EMERGENCY, please call \_\_\_\_\_ at telephone number \_\_\_\_\_

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.**

How did you first hear of our hospital?

- 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.

*I/We assume responsibility for all charges incurred in the care of this animal. I/We also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. I/We agree that if our balance becomes delinquent, defined as 90 days past due, and is referred to a collection agency or attorney, we shall be responsible for all collection fees and a percentage equal to 33 1/3% of the balance due in addition to the balance. I/We further understand and agree that if legal action is taken to collect the balance, I/we shall be responsible for all court costs.*

Owner or Responsible Party \_\_\_\_\_

## 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>			
DHLP (distemper-dog)			
Parvovirus (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) |  |