

# Ruskin Animal Hospital

## Client/Patient Information Form

### Client Information

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

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

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

Primary Phone: (\_\_\_\_) \_\_\_\_\_ (cell, home, work) Secondary Phone: (\_\_\_\_) \_\_\_\_\_ (cell, home, work)

Email: \_\_\_\_\_ Would you prefer reminders by: Mail Email

Would you like anyone else to make treatment decisions for your pet(s)? \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Species (cat or dog): \_\_\_\_\_ Breed: \_\_\_\_\_

Circle one: Male Female Circle one: Neutered Spayed Intact

Has your pet had any allergies to medications or vaccines? Circle one: Yes No

If yes, to what? \_\_\_\_\_

List current medications or preventatives (flea and heartworm) your pet is taking:

\_\_\_\_\_

What is your pet currently eating (including treats/people food)? \_\_\_\_\_

Does your pet have any medical or behavioral problems we should be aware of? If so, what? \_\_\_\_\_

Please circle if your pet goes to any of the following: Groomer Dog Park  
Boarding Facility

### Medical Records Release

I hereby authorize the release of my pet's medical records to:

Any Veterinary Clinic or Adoption Agency  
Any Boarding/Grooming Facility

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records "a written authorization executed by the client or an appropriate court order or subpoena" is required in order for Ruskin Animal Hospital to share/release your pet's medical or vaccine records. Any records released shall not contain any sensitive, personal, or financial information in regards to the pet owner. I certify that I am the sole and rightful owner of the patient(s) listed below; I am acting as a legal agent for the owner (has Power of Attorney).

Patient(s) Name(s): \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

### Media Release

**I (print name)** \_\_\_\_\_ **DO / DO NOT** authorize Ruskin Animal Hospital and Cat Thyroid Center to use photos of my pet(s) that they have acquired during my pet's boarding or hospital visit on their Facebook pages &/or company hospital webpages.

I understand that I may request a copy via email of any photo taken of my pet while at Ruskin Animal Hospital and Cat Thyroid Center and I am not offered any monetary compensation for their use \_\_\_\_\_ (client initials)

**Please complete this form in its entirety and return to the front desk. Thank you!**

**Ruskin Animal Hospital  
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Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this form in its entirety and return to the front desk. Thank you!**