



Client Information

Date _____

Your Name _____ Spouse's Name _____

Address _____ City _____ St. _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Would you like to receive our free newsletter? Yes _____ No _____

Your Employer _____ Phone _____ May we contact you there? _____

Your Social Security Number _____ Driver's License Number _____

Spouse Employer _____ Phone _____ May we contact you there? _____

Spouse's Social Security Number _____ Spouse's Driver's License # _____

How did you hear about us?

- _____ Referred by the American Animal Hospital Association
- _____ Yellow Pages
- _____ Internet
- _____ Hospital Sign
- _____ Veterinary Practice Veterinary Practice Name _____
- _____ Client Client whom we may thank _____
- _____ Other Please list other source _____

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED

Type of Payment _____ Cash/Check _____ Credit Card

I understand that if I do not pay this account as agreed, that past due accounts are subject to costs of collection, including interest and attorney fees. Return check fee is \$20. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

Signature _____ Date _____

Please turn over and fill in back page.



Patient Information

Our pet is: _____ **Family Member** _____ **Child's Pet** _____ **Backyard Pet**

	Pet #1	Pet #2	Pet #3
NAME?			
BREED?			
COLOR?			
Date of Birth or Approximate Age?			
Male or Female? Neutered or spayed?			
Date of last Vaccinations?			
Name of Last Veterinarian?			
Date of last Canine DHPP Vaccination?			
Date of last Rabies Vaccination?			
Date of last Kennel Cough Vaccination?			
Date of last Heartworm Test? Result?			
Date of last Feline RCP Vaccination?			
Date of Feline Leukemia/FIV Test? Result?			
Date of last Feline Leukemia Vaccination?			
Date of last Stool Check?			

Is your pet currently using heartworm medication? If so, what kind? _____

Is your pet currently using flea medication? If so, what kind? _____

Does your pet have any allergies to medications or other substances? _____

Is your pet currently on any medications? _____

Has your pet had or been treated for any major medical problems? _____

Does your pet have any behavior problems? _____

What does your pet eat? _____ **How often do you feed your pet?** _____

Has your pet been microchipped? If so, what is the number? _____