

# Augusta/Valley Animal Hospital

*Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:*

**CLIENT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone # (Home): \_\_\_\_\_  
 Phone # (Work): \_\_\_\_\_  
 Phone # (Cell): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 Spouse's Phone # (Work): \_\_\_\_\_  
 Spouse's Phone # (Cell): \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**All fees are due at time services are rendered.**

Please indicate choice of payment:  Cash/Check  Visa  Master Card  Care Credit  American Express  
 How were you referred to our clinic:  Drove By  Yellow Pages  Client  Website  
 Personal Recommendation (Whom may we thank?): \_\_\_\_\_

**PET(S) INFORMATION**

PET(S) INFORMATION	PET #1	PET #2	PET #3
Name			
Breed			
Date of Birth			
Color			
Sex; Spayed or Neutered?			

**Dog's Vaccination History:**

Rabies			
DHLP Parvo Corona			
Bordetella (Kennel Cough)			
Lyme			
Fecal (Stool Sample)			
Heartworm Test/Prevention			

**Cat's Vaccination History:**

Rabies			
Feline (Distemper)			
Leukemia Test			
Leukemia Vaccine			
Fecal (Stool Sample)			

Our pet(s) is:  Member of our family  Child's pet  Backyard pet  
 Any previous serious illnesses or surgeries? \_\_\_\_\_  
 Any allergies to vaccinations or medications? \_\_\_\_\_  
 Is your pet on any special diets or medications? \_\_\_\_\_  
 Would like to be present during treatment for your pet?  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date