



Animal Medical Center

**Owner** \_\_\_\_\_ **Co-Owner** \_\_\_\_\_  
Last Name, First Name Last name, First Name

**Address** \_\_\_\_\_  
Street Apt # City Zip

**Contact Info:** *Please circle the best way for us to reach you*

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Birthdate of Owner:** \_\_/\_\_/\_\_\_\_

**Owner:**  
**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Co-Owner:**  
**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**How did you hear about us?**

- ☐ Sign / Drove by
- ☐ LocalVets/YextVets.com
- ☐ YELP.com
- ☐ Veterinarians.com
- ☐ Other Online / Internet / Web

- ☐ Dept of Animal Services Free Adoption Exam
- ☐ Humane Society Free Adoption Exam
- ☐ Referred by a friend(please tell us so we may thank them): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Do you qualify for our senior savings?** (65 years and up) Yes No

**Do you qualify for our military savings?** (Military ID required) Yes No

\*\*\*\*\*

**Party responsible for authorizing and paying for services, please sign below.**

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

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

Professional fees are to be paid at the time that services are rendered.  
We accept Cash, Checks, Debit Card, Master Card, Visa, Discover, American Express and Care Credit

## Pet Information

**Name** \_\_\_\_\_ **Species:** Cat Dog

**Breed** \_\_\_\_\_ **DOB/Age** \_\_\_\_\_ **Color** \_\_\_\_\_

**Sex:** Male Male-Neutered Female Female-Spayed

**Vaccine History** Please indicate the date your pet last received the following recommended vaccines.

### Cats

FVRCP \_\_\_\_\_

Leukemia \_\_\_\_\_

Rabies \_\_\_\_\_

### Dogs

DAPP \_\_\_\_\_/Lepto\_\_\_\_\_

Bordetella \_\_\_\_\_

Rabies \_\_\_\_\_

## Medical History

Has your cat had a fecal test, if so what date? \_\_\_\_\_

Has your cat had a Leukemia or FIV blood test, if so what date? \_\_\_\_\_

Has your dog had a fecal test, if so what date? \_\_\_\_\_

Has your dog had a heartworm blood test, if so what date? \_\_\_\_\_

How many hours a day does your pet spend outdoors? \_\_\_\_\_

What type of flea and heart worm preventative are you currently using? \_\_\_\_\_

Any prior history of illness or surgery? \_\_\_\_\_

Is your pet currently on any medications? (Please indicate the dosage and duration) \_\_\_\_\_

Does your pet have any drug allergies? \_\_\_\_\_

What does your pet eat? (Please indicate how much and how often) \_\_\_\_\_

Does your pet receive any treats or extras? (Please explain) \_\_\_\_\_

**Thank you for allowing our hospital the opportunity to care for your pet!**