



New Client/ Patient Information

Thank you for giving us the opportunity to care for your pet.
Please help us better meet your needs by taking a few moments to fill out all pages of this information sheet.

Owner's Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Spouse/Other: _____

Spouse/ Other Cell Phone #: _____

Employer Name & Address:

If Military: Rank: _____ P.C.S. _____ E.T.S. _____

Spouse/ Other's Employer Name & Address:

If Military: Rank: _____ P.C.S. _____ E.T.S. _____

In case of EMERGENCY, call _____ at phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor.
Professional fees are due at time services are rendered.

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

- Individual, Someone We May Thank? _____
- Yelp, Google, or another search engine?
- Hospital Sign?
- Another Hospital? If so, which? _____
- Other, please state:

How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services for your pet?

- Phone Mail Both Phone & Mail

Our Current Reminder System Can Provide Up To 3 Reminders At 2-4 Week Intervals.
Do You Wish To Be Reminded More Than One Time? Yes () No ()

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up <animal> within 5 days of the discharge date and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and/or necessary.

Signature _____ Date _____

Animal Medical History

Please complete information for all

Pet

Pet

Pet

your pets - Thank You!	#1	#2	#3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Vaccinations	Please note the dates the following vaccines/ tests were given		
	Pet #1	Pet #2	Pet #3
DOGS:			
DA2LPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Corona (Dogs)			
Other Vaccines - Please Specify			
Rabies			
CATS:			
FVRCP (Infectious Diseases)			
FELV (Feline Leukemia)			
FIP (Feline Infectious Peritonitis)			
Rabies			
Other Vaccines - Please Specify			
Heartworm Test (Dogs)			
FELV Test or FIV Test ? (Cats)			
Fecal Test (Stool Exam for Worms)			
Dentistry (Approx Date Work was Done)			
Geriatric Health Screen (Approximate)			
Medical History - Prior Illness/Surgery:			
	<i>Thank You!</i>		

NOTE: Be sure to ask us about our VIP Wellness Program.