



PATIENT/CLIENT INFORMATION

Owner's name _____ Spouse/other _____
 Local mailing address P.O. Box # _____
 Local street address _____
 Local home phone _____ Cell phone _____
 Other/permanent phone _____
 Other/permanent address _____
 Employer's name & address _____
 Work phone _____ e-mail _____
 At what time _____ and at what phone number _____ is it best to call you?

ANIMAL MEDICAL HISTORY

	PET #1	PET #2	PET #3
Name			
Species (cat, dog)			
Breed			
Color			
Birth date			
Length of time owned			
Sex			
Spayed/neutered (Y/N)			
Vitamins			
Brand of pet food			
Hours spent outside			
Pet origin			
Prior surgery (Y/N)*			
Prior illness (Y/N)*			
Heartworm test/meds			

* Please bring copies of your pet's records

VACCINATION DATES

	PET #1	PET #2	PET #3
Rabies			
DA2PP (canine)			
Lepto or Lyme (canine)			
Bordatella (canine)			
FVRCP (feline)			
Leukemia (feline)			

Whom may we thank for recommending us? _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.
We accept cash, checks, Visa, Mastercard, Discover, American Express and Care Credit.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

I authorize the doctor to provide vaccines and parasite control as needed for my pet(s).

Signature _____ Date _____