

Client/Patient Information

Tell us about you!

Your name _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Home phone _____ Business Phone _____

Cell phone _____ Other Phone _____

Email address _____

Who else is responsible for your pet?

Name _____ Relationship _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Home phone _____ Business Phone _____

Cell phone _____ Other Phone _____

Email address _____

How did you hear about us?

- Telephone book
- Newspaper ad
- Hospital sign
- Other advertisement
- Referred by another veterinary practice
- Referred by a friend

Name of the person or veterinary practice that referred you to us _____

Full payment is required at the time services are provided. I understand that the hospital staff will provide an estimate of anticipated charges any time I request one. By signing below, I am requesting that veterinary care be provided for my pet(s) presented by me or my agents. I understand that I am financially responsible for all services provided.

Signature

Date

Tell us about your pet!

Pet's name _____

Species _____ Breed _____ Color _____

Date of Birth (or approximate age) _____

Male/Female Spayed/Neutered/Unaltered Microchip/Tattoo _____

Does your pet have health insurance? _____

Insurance company _____ Policy # _____

Contact information _____

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

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

Is your pet currently on any medication? _____ If yes, what? _____

Does your pet have any behavior problems you would like to discuss? _____

When was your pet last vaccinated? _____

When and where did you adopt your pet? _____

Is your pet a service or working dog? _____

Has your pet ever lived or traveled outside of this local area? _____

Where does your pet spend the majority of its time (indoors or outdoors)? _____

Has your pet been boarded or gone to a groomer within the past six months? _____

Are there any other animals in your home? _____

Is your pet exposed to any other animals? _____

What does your pet eat (include brand and formula of pet food)? _____

How often do you feed your pet? _____

How large a portion do you feed your pet each mealtime? _____