

Client / Patient Information

Tell us about you!

Your Name _____ ID Number (for office use) _____

Address _____

City _____ State _____ Zip / Postal Code _____

Home Phone _____ Business Phone _____

Cell Phone _____ Other Phone _____

Email Address _____

KIDS NAMES:

Who else is responsible for your pet?

Name _____ Relationship _____
(Spouse, Co-owner of pet, Agent, Other)

Address _____

City _____ State _____ Zip / Postal Code _____

Home Phone _____ Business Phone _____

Cell Phone _____ Other Phone _____

Email Address _____

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Yellow Pages Ad | <input type="checkbox"/> Hospital Sign |
| <input type="checkbox"/> Other Advertisement | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Veterinary Practice | <input type="checkbox"/> Internet Site _____ |
| | <input type="checkbox"/> Other _____ |

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

Address _____

City _____ State _____ Zip / Postal Code _____

Phone _____

Tell us about your pet!

Pet's Name _____ Date of Birth _____

Species _____ Breed _____ Microchip/Tattoo _____

Male / Female _____ Spayed / Neutered / Unaltered _____ Age when altered _____

Pet Insurance Company _____ Policy No. _____

Pet Insurance Agent _____ Agent's Phone _____

What is your pet's history?

- 1) Does your pet have any allergies to medications or other substances? _____
- 2) Has your pet had previous medical problems or been treated for any major medical problem(s)? _____
- 3) Is your pet currently on any medication(s)? _____
- 4) Does your pet have any behavior problems? _____
- 5) Does your pet have any known fears? _____
- 6) When was your pet last vaccinated? _____
- 7) When and where did you get your pet? _____
- 8) Is your pet a service or working pet? _____
- 9) Has your pet lived or travelled outside of your immediate area? _____
- 10) Where does your pet spend a majority of its time? (indoors or outdoors) _____
- 11) Has your pet been boarded in the last six months? _____
- 12) Are there any other animals in your household? _____
- 13) Is your pet exposed to other animals? Day care? _____
- 14) What does your pet eat? _____
- 15) How often do you feed your pet? _____

Payment Policy: Full payment is required at the time services are provided. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. By signing below, I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. I understand that any returned check will incur NSF fees, and any unpaid balance will incur monthly finance charges.

Signature

Date