

PATIENT/CLIENT INFORMATION

Date: _____

Thank you for giving us the opportunity to care for your pet. Please help us meet his or her needs better by taking a moment to complete this information sheet.

Owner's Name: Last _____ First _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Addr: _____

Telephone: Home: _____ Work: _____ Cell: _____

Employer/Occupation: _____

Person to call in case of EMERGENCY: _____

Method of Payment: ___ CASH ___ DEBIT ___ VISA/MC ___ AMEX ___ DISCOVER
CARE CREDIT IS AVAILABLE.

***We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE DO NOT GIVE CREDIT.***

Pets Name: _____ Species (Dog/Cat): _____

Breed: _____ Color: _____

D/O/B or estimated age _____ Sex: M/F _____ Neutered or Spayed: _____

Date of Last Vaccines: _____ Microchip #: _____

Current reason for visit _____

List all foods your pet eats: _____

List any previous major medical problems: _____

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

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

SIGNATURE: _____

THANK YOU