

Patient Information

Thank you, for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this form

Owner (Last Name First) _____ Date _____

Address _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Spouse/Other Work Phone _____ Cell/Pager _____

Email Address _____

Social Security/Driver's License Number _____

Employers Name & Address _____

In Case of Emergency Please Call _____

How did you first hear of our hospital? Individual ____ Yellow Pages ____ Pet Store ____

Drive by ____ Humane Society/Adoption Service ____ Other pets seen here ____

Online ____ if online, what website _____

Pet Name _____ Breed _____ Sex _____

Description (color/markings) _____ Spayed/Neutered? _____

Age _____ Date of Birth _____ Temperament _____

Other animals in the house _____

Medical History

Has your pet had any of the following?

*Any prior Surgeries, Dental Work, Trauma? (include dates) _____

*Any Major or Ongoing Illnesses? (date diagnosed) _____

*Any Reactions/Allergies to Medications, Vaccines, Anesthetics? _____

*Is your pet currently on any Medications, Heartgard, Flea Control? _____

There will be a \$25.00 service charge for all returned checks

Professional Fees are due at the time services are rendered

To prevent the spread of infectious disease and parasites hospitalized and boarded 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.

Signature _____

Last Doctor/Hospital visited _____

Dogs:

RV _____ / _____ / _____

DHPP _____ / _____ / _____

Bord _____ / _____ / _____

Lepto _____ / _____ / _____

HWT _____ / _____ / _____

FF _____ / _____ / _____

Cats:

RV _____ / _____ / _____

FVRCP _____ / _____ / _____

FeLv _____ / _____ / _____

FIP _____ / _____ / _____

FIV _____ / _____ / _____

FeLv/FIV Test _____ / _____ / _____

FF _____ / _____ / _____

Does your cat go outside? _____

X-ray # _____