

CLIENT & 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 both sides of this information sheet. There is a one time \$10.00 records maintenance fee charged at your first visit

Date _____

Owner's name _____ Spouse/Other _____

Children (first name & ages) _____

Address _____ City _____ State/Prov _____ Zip/PC _____

Home Telephone: (____) _____ Cellular Phone: (____) _____ E-Mail: _____

Employer's Name & Telephone _____

Spouse's/Other's Employer & Telephone _____

At what time _____ and at what phone number _____ is it best to call about your pet.

In case of **EMERGENCY**, please call _____ at telephone number _____

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. If you pay by check or credit card, please complete the following:

Driver License: State/Prov _____ Number _____

Signature _____

How did you first hear of our hospital?

- | | | |
|--|---|--|
| <input type="checkbox"/> AAHA referral | <input type="checkbox"/> Money Mailer | <input type="checkbox"/> Individual, Someone we may thank? |
| <input type="checkbox"/> Hospital Sign | <input type="checkbox"/> Newsletter _____ | |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Website | <input type="checkbox"/> Other _____ |

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES 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 _____

Comments: _____

ANIMAL MEDICAL HISTORY (Please complete all information for each pet)

Animal Information	Pet #1	Pet #2	Pet #3
Name			
Species(canine, feline)			
Breed			
Description(color)			
Age(years)			
Date of Birth			
Sex			
Neutered or Spayed			
Vitamins(type)			
Diet(kind of pet food)			
Type of grooming products			
Hours spent outside each day			
VACCINATIONS			
DHLPPC (canine distemper)			
Parvovirus (canine)			
Rabies (canine & feline)			
FVRCP (infectious diseases feline)			
Feline Leukemia/FIV Test (feline)			
Heartworm Test			
Fecal Exam(worms) (canine/feline)			
Dentistry			
Prior Illness			
Prior Surgery			

Pet Origin:

- Humane Society Pet Store Rescue
 Friend Stray Advertisement
 Individual (breeder) Individual (non Breeder) Other _____

AMERICAN ANIMAL HOSPITAL ASSOCIATION