



## Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: Mr., Mrs., Ms., Dr.

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Spouse/Significant Other: \_\_\_\_\_

How did you hear of our hospital? \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**Professional fees are due at time services are rendered. (We will gladly prepare a written estimate if you wish.)**

Name of Previous/Current Veterinarian: \_\_\_\_\_

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

I have read this form and the information I have provided on both sides is accurate to the best of my knowledge. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and any additional pets I present. Furthermore, I agree to pay fees for services rendered no later than the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, even third-party collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each returned check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours only as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel is not routinely provided. If I neglect to pick up my animal within 5 days of the discharge date and do not notify you within that time period, you may assume that my animal is abandoned and are hereby authorized to do with my animal as you deem best and/or necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
<b>Approximately when was the last time your pet saw a veterinarian?</b>			
<b>Medical History - Prior Illness/Surgery:</b>			