



# Welcome To Our Clinic

## CLIENT INFORMATION



WE APPRECIATE THE OPPORTUNITY TO CARE FOR YOUR PET.

We will gladly prepare a written estimate if you desire Please ask the technician or doctor.



PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED.

DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ CO-OWNER/OTHER \_\_\_\_\_  
(Mr., Mrs., Ms., Dr.) last first last first

HOME ADDRESS \_\_\_\_\_  
City State ZIP

MAILING ADDRESS \_\_\_\_\_  
City State ZIP

CHILDREN (First name, ages) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CO-OWNER'S PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

CO-OWNER EMPLOYER'S NAME \_\_\_\_\_

MAY WE CALL WORK IF NECESSARY?  Yes  No

PEOPLE AUTHORIZED FOR EMERGENCIES \_\_\_\_\_

I, the undersigned, accept financial responsibility for any and all services rendered and received at this hospital. In the event of non-payment, I realize my account will be placed with a collections bureau and I will be responsible for any and all associated fees.

Signature \_\_\_\_\_

Driver's License # \_\_\_\_\_ Exp \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN (optional) \_\_\_\_\_

### HOW DID YOU FIND OUT ABOUT OUR HOSPITAL?

INDIVIDUAL-Whom may we thank? \_\_\_\_\_

YELP  GOOGLE  ANGIE'SLIST  FACEBOOK  HOSPITAL SIGN

PHONE BOOK  OTHER- \_\_\_\_\_

*"We take CARE of your PETS"*

**PET INFORMATION**

	<b>PET 1</b>	<b>PET 2</b>	<b>PET 3</b>
NAME	_____	_____	_____
SPECIES (Cat, Dog, Other)	_____	_____	_____
DESCRIPTION (Color)	_____	_____	_____
AGE (Years)	_____	_____	_____
DATE OF BIRTH	_____	_____	_____
LENGTH OF TIME OWNED	_____	_____	_____
SEX	_____	_____	_____
NEUTERED/SPAYED	_____	_____	_____
<b>MICROCHIP NUMBER</b>	_____	_____	_____
<b>MEDICAL ALERT</b>	_____	_____	_____
<b>FOOD/DRUG ALLERGIES</b>	_____	_____	_____
VITAMINS (Type)	_____	_____	_____
PET FOOD (Brand, Dry/Can?)	_____	_____	_____
GROOMING FREQ/PRDCTS	_____	_____	_____
HOURS SPENT OUTSIDE/DAY	_____	_____	_____

<u>VACCINATIONS/CHECKUPS/TEST</u>	Yes/No (Date)	Yes/No (Date)	Yes/No (Date)
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RABIES (1 OR 3 YEAR)	_____	_____	_____
DHLP-Parvo (Distemper in Dogs)	_____	_____	_____
HEARTWORM TEST	_____	_____	_____
HEARTWORM PREVENTION	_____	_____	_____
BORDETELLA	_____	_____	_____
INFLUENZA	_____	_____	_____
FRVCP (Distemper in Cats)	_____	_____	_____
FELINE LEUKEMIA/ FIV TEST	_____	_____	_____
FELINE LEUKEMIA VACCINE	_____	_____	_____
FECAL CHECK (Worms)	_____	_____	_____
OTHER VACCINES (List)	_____	_____	_____
DENTISTRY	_____	_____	_____
PRIOR ILLNESS OR SURGERIES	_____	_____	_____

ORIGIN OF PET:  Humane Society  Craigslist  Rescue Group  Breeder  Stray  Other

**I HAVE READ AND UNDERSTAND THE HOSPITAL POLICIES DOCUMENT – Initials \_\_\_\_\_**

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

*“We take CARE of your PETS”*