



*A Full Service Hospital Dedicated to Excellence in Small Animal Care*

### CLIENT AND PATIENT INFORMATION SHEET

Thank you for giving our hospital the opportunity to care for your pet. So that we may better meet your needs, please complete the following (please print legibly):

Date \_\_\_\_\_  
Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
If necessary, may we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Spouse's Occupation \_\_\_\_\_ Work Telephone \_\_\_\_\_

How did you first hear about our hospital?

Yellow Pages \_\_\_\_\_ Hospital Sign \_\_\_\_\_ Pet Store/Kennel \_\_\_\_\_  
Personal Recommendation \_\_\_\_\_ Whom may we thank? \_\_\_\_\_  
Other (please explain) \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Neutered? \_\_\_\_\_ Color \_\_\_\_\_  
Vaccination History (dates last given) Rabies \_\_\_\_\_  
Canine Distemper/Parvo \_\_\_\_\_ Canine Bordatella \_\_\_\_\_  
Feline Distemper \_\_\_\_\_ Feline Leukemia \_\_\_\_\_  
What prior illnesses, surgery, or drug allergies should we know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your pet's current diet? \_\_\_\_\_  
\_\_\_\_\_

Is your pet currently on medication? Please explain \_\_\_\_\_  
\_\_\_\_\_

Do we have your permission to request a copy of your pet's records? Yes \_\_\_\_\_ No \_\_\_\_\_  
Previous Hospital \_\_\_\_\_  
\_\_\_\_\_

**Payment Policy:** Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient for you. Please choose one:

Cash \_\_\_\_\_ Check \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ American Express \_\_\_\_\_

It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery, or hospitalization will be provided. A deposit prior to treatment may be required.

Thank you for bringing your pet to our hospital. We hope you are pleased with our services and facilities, and would appreciate your letting us know how we might improve them.