

Patient/Client 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.

Date _____ Owner's DOB _____

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Employer's Name and Address _____

Spouse's/Other's Employer & Address _____

In case of EMERGENCY, Please call _____ at telephone number _____

Driver's license: State _____ Number _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animal 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: _____

E-mail Address: _____

ANIMAL MEDICAL HISTORY

(Please complete all information for each pet)

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Length of Time Owned			
Altered or Spayed			