



## CLIENT and PET INFORMATION

Date \_\_\_\_\_

**Thank you for giving us the opportunity to provide veterinary medical care for your pet. So that we may become better acquainted, please complete the following:**

Mr. \_\_\_\_\_  
Mrs. Owner(s) \_\_\_\_\_ Spouse's \_\_\_\_\_  
Dr. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Children \_\_\_\_\_  
First names

What would you prefer to be called? \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt # City Zip code

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ Spouse's (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Place of employment \_\_\_\_\_ / \_\_\_\_\_ Address \_\_\_\_\_  
Employer Title

Spouse's place of employment \_\_\_\_\_ / \_\_\_\_\_ Address \_\_\_\_\_  
Employer Title

When/where is the best time to reach you? \_\_\_\_\_ Phone # \_\_\_\_\_

How did you first become aware of our hospital?  Yellow pages  Hospital sign  Other \_\_\_\_\_

Personal recommendation – Who may we thank?  
\_\_\_\_\_  
Name

If you have been a client of a veterinary hospital before, what were your reasons for leaving? \_\_\_\_\_  
\_\_\_\_\_

**So that we are able to suit your individual needs – which do you feel most applies to you:**

Check One.

- I feel that my pet is another member of our family.
- I feel that my pet is just a pet.

Check One.

- I want the best medical care available for my pet. Please recommend anything that you feel is necessary for good health.
- I want good medical care for my pet, but there is a limit to what I am able to have done.
- I want you to perform only the services that I request.

Check One.

- I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
- I would prefer you just summarize what has been done for my pet or what is needed.
- I want my pet healthy, but don't need to know what has been done.

Check One.

- When possible, I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined and treated.



In case of a major medical problem, who makes the final decision about treatment?

\_\_\_\_\_  
Name

All fees are due upon release of the patient. Method of payments is: Cash, Check, Visa, MasterCard, Discover Card, and CareCredit.

We will provide you with a written estimate of fees for any diagnostics, treatments, surgery or hospitalization. A deposit prior to treatment may be required depending upon the amount of the estimate.

PET INFORMATION (Please complete for each pet, thank you).

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5	Pet 6
Name						
Species: Cat, Dog, Other						
Breed						
Description (color)						
Date of Birth						
Sex						
Altered						
	Date last performed	Date last performed	Date last performed	Date last performed	Date last performed	Date last performed
DHP/Parvo (Dog)						
Bordetella (Dog)						
FVRCP (Cat)						
Leukemia (Cat)						
Rabies (Both)						
Heartworm test						
Fecal Check						
Dentistry						
Leukemia test (Cat)						
FIV test (Cat)						
Drug Allergies						
Major Med. Problems						
Other:						

Are any of the following a concern to you in your pet's behavior? Please check all that apply.

- Excessive Barking  
  Biting  
  Shedding  
  Straying From Home  
  House Breaking  
  Smell  
 Problems Around Children  
  Excessive Itching / Scratching  
  Wetting / Spraying In House  
 Overly Rambunctious / Overly Enthusiastic

Would you be interested in learning how to improve your pet's manners?    Yes    No

Is your pet currently on a special diet or medication?

\_\_\_\_\_

What health care or grooming products are you currently using? \_\_\_\_\_

\_\_\_\_\_  
Client's Signature