

Family Pet Clinic

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 this information sheet.

Date _____ Owner's Name _____ Spouse/Other _____

Address _____ City _____ State/Prov. _____ Zip/PC _____

Home Telephone _____ Work Telephone _____ Cell _____ Email _____

Employer's Name & Address _____

Spouse's /Other's Employer & Address _____

At what time _____ and at what phone number _____ is it best to call about your pet?

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

How did you first hear of our hospital?

___ Individual; someone we may thank? _____ ___ Yellow Pages for location/service(s) ___ Hospital sign

How would you like to be contacted? ___ Telephone ___ Home ___ Work ___ Mail ___ Email ___ Fax

ANIMAL MEDICAL HISTORY (Please complete all information for each pet)

	<u>PET #1</u>	<u>PET #2</u>	<u>PET #3</u>
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Length of Time Owned			
Altered or Spayed			
Diet (kind of pet food)			
Hours Spent Outside Each Day			
List all current medications			
Does your pet have allergies?			
Where Did You Get Your Pet? (Humane Society, Pet Shop, Friend, Kennel, Advertisement, Stray, Individual (nonbreeder))			

AUTHORIZATION

*I hereby authorize the Veterinarian to examine, prescribe for and treat my animal(s). I assume full responsibility for the charges incurred in the care of this animal(s) and I understand that **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept payment by cash, check, Visa, and Mastercard.*

Signature _____ Date _____

