

CLIENT/PATIENT INFORMATION SHEET

(PLEASE PRINT)

DATE _____

OWNER'S LAST NAME _____ FIRST NAME _____

OWNER'S STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

SPOUSE'S NAME _____ CO-OWNER'S NAME _____

Have you been here before with this or any other pet(s)? Yes No If Yes, when? _____

If different pet(s), other pet's name please? _____

PLEASE CHECK YOUR PRIMARY PHONE #

HOME # () _____

WORK # () _____

CELL # () _____

CELL # () _____

FAX # () _____

MAY WE TEXT YOUR CELL FOR CONTACT? YES NO

EMAIL _____

PATIENT'S NAME _____ SPECIES (K-9 or Feline) _____

BREED _____ COLOR _____ AGE (Yrs. or Mo.) _____

MALE/FEMALE _____ SPAYED/NEUTERED: YES NO DOES YOUR CAT GO OUTSIDE? YES NO

IS YOUR PET KNOWN TO BE AGGRESSIVE TO PEOPLE OR OTHER PETS? _____

LIST INJURIES, EXPOSURE TO TOXIC SUBSTANCES, PREVIOUS MEDICAL PROBLEMS, OR ANY SURGERIES:

"IN YOUR OWN WORDS", WHAT IS YOUR PET'S PROBLEM (Symptoms)? Please answer this question.

PRIMARY CARE VETERINARIAN'S NAME _____

PRIMARY CARE VETERINARIAN'S ADDRESS _____

PRIMARY CARE VETERINARIAN'S PHONE _____

Check here if you **do not** wish to have your pet's name and/or picture displayed on our website, Facebook, or any other printed or electronic media

METHOD OF PAYMENT USED:

CASH CHECK VISA MASTER CARD DISCOVER AMERICAN EXPRESS CARE CREDIT

DRIVER'S LICENSE # (Present for Verification) _____ STATE _____ EXP. _____

SOCIAL SECURITY # _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

MAY WE CALL YOU AT WORK? YES NO IF YES, BEST TIME? _____

THANK YOU VERY MUCH FOR YOUR TIME AND CONSIDERATION IN THIS MATTER!

ADMITTING TECHNICIAN'S COMMENTS _____

INITIALS _____