

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner’s Name _____ Spouse/Other _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell# _____

Owner’s Social Security # _____ Email address _____

Employer _____

At what time _____ And what phone # _____ is best to call

You about your pet? Emergency contact and number _____
(optional)

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed in my records.. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable cost of collection in the event that collection efforts become necessary.

Signature _____ Date _____

Pet’s Name _____ Sex _____ Neutered/Spayed

Dog/Cat Breed _____ Color _____

Birthdate _____ Allergies _____ Medications _____

Diet _____ Pet’s past history that we may need to know _____

(Office Use Only)
Health Record

Pet’s Name _____ Breed _____ Age _____

Vaccinations

Weight

Deworm

Heartworm ck

Preventative