



# Client/Patient Information

## Tell us about you!

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Who else is responsible for your pet?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## How did you hear about us?

- Referred by the American Animal Hospital Association
- Yellow Pages Ad
- Other Advertisement \_\_\_\_\_
- Veterinary Practice (See Below)
- Hospital Sign
- Individual (See Below)
- Other \_\_\_\_\_

Name of person or veterinary practice that referred you to us \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Full payment is required at the time services are provided. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. By signing below, I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Tell us about your pet!**

Pet's Name \_\_\_\_\_ ID Number (for office use) \_\_\_\_\_  
Species \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Male/ Female Spayed/Neutered/Unaltered Age when altered \_\_\_\_\_ Microchip/Tattoo \_\_\_\_\_  
Color and Markings \_\_\_\_\_  
Pet Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Pet Insurance Agent \_\_\_\_\_ Agent's Phone \_\_\_\_\_

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**What is your pet's history?****Description/Date**

Does your pet have any allergies to medications or other substances? \_\_\_\_\_  
\_\_\_\_\_

Has your pet had any previous medical problems or been treated for any major medical problems? \_\_\_\_\_  
\_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_  
\_\_\_\_\_

Has your pet previously been on any medications? \_\_\_\_\_  
\_\_\_\_\_

Does your pet have any behavior problems? \_\_\_\_\_

When was your pet last vaccinated? \_\_\_\_\_

When and where did you get your pet? \_\_\_\_\_

Is your pet a service or working dog? \_\_\_\_\_

Has your pet lived or traveled outside of your immediate area? \_\_\_\_\_

Where does your pet spend the majority of its time? (indoors/outdoors) \_\_\_\_\_

Has your pet been boarded in the last 6 months? \_\_\_\_\_

Are there any other animals in your house? \_\_\_\_\_  
\_\_\_\_\_

Is your pet exposed to other animals? \_\_\_\_\_

What does your pet eat? \_\_\_\_\_  
\_\_\_\_\_

How often do you feed your pet? \_\_\_\_\_

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