

# Client/Patient Information

DATE: \_\_\_\_\_

**PLEASE PRINT**

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Spouse Cell #: \_\_\_\_\_

Owner's Driver's License: \_\_\_\_\_ Owner's DOB: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Is it Best to Call About Your Pet at home or cell: \_\_\_\_\_, what time is best to call? \_\_\_\_\_

In Case of EMERGENCY, Call \_\_\_\_\_ At Phone # \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor.

**Professional fees are due at time services are rendered.**

Preferred Method of Payment:  Cash  Check  Debit  Credit Card

Name of Previous/Current Veterinarian: \_\_\_\_\_  
 Address (City and State): \_\_\_\_\_

## Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			

Reason for visit: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you grant permission for our staff to take photographs of your pet for social media/website?

Please circle: YES or NO