

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 DOB _____

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

In case of EMERGENCY, please call _____ at ph. number _____

Driver's License: State _____ License Number _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animal must be current on all vaccines and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

"No-show" Fee Notice:

We require 24 hours' notice to cancel or reschedule appointments. A missed appointment ("no-show") or same-day cancellation will incur a \$25 fee, as these appointments could have been offered to other patients in need. Thank you for helping us provide timely, quality care.

Signature: _____

E-mail Address: _____

Animal Medical History (Please complete all information for each pet.)			
	Pet #1	Pet #2	Pet #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Length of Time Owned			
Altered or Spayed			