



## PATIENT AND CLIENT INFORMATION SHEET

**Primary Contact**                      Last    First    Middle

Name (Mr. Mrs. Dr. Ms.): \_\_\_\_\_

Address: \_\_\_\_\_

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

What is the best way to contact you? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

May We Email You? Yes  No  Email Address: \_\_\_\_\_

May We Text you? Yes  No  # \_\_\_\_\_ D.L.#: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Secondary Contact**                      Last    First    Middle

Name (Mr. Mrs. Dr. Ms.): \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

How did hear about us? Internet  Friend  Hospital Sign  Social Media  Other  \_\_\_\_\_

Is this a referral visit? No  Yes  Referring Hospital: \_\_\_\_\_ Dr. \_\_\_\_\_

**Picture ID is Required since you are leaving personal property (your pet) in our care.**

**Please see reverse side to add pet and medical history.**

**Financial Statement:** Payment is due at the time of service rendered. Payment can be made in the form of cash, check, or credit card. At your request, we are happy to provide an estimate for services. If we need to proceed to collections for any account past due the client is responsible for all costs including attorney fees. A \$4.50 late charge will be added to all accounts in default at the end of each month. Client will be responsible for all fees incurred on any returned checks.

**Cancellation policy:** missed appointments and boarding reservations not cancelled 24 hours in advance are subject to a \$25 service charge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PET #1**

Name: \_\_\_\_\_ Species: Canine  Feline  Other   
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Age (wks., mths., yrs.): \_\_\_\_\_ Sex: M  F  Status:  Spayed  Neutered  Intact

**PATIENT MEDICAL HISTORY** (All animals must be current on vaccinations if being dropped off /boarded or they will be given at owners expense)

Previous Veterinary Clinic: \_\_\_\_\_

Please list any major medical problems your pet has had or is currently being treated for \_\_\_\_\_

Please list any medications routinely used \_\_\_\_\_

Thunderstorm Anxiety  Aggression: Human  Animal  Allergies  \_\_\_\_\_

Unusual Behavior/Special Diet: \_\_\_\_\_

**PET #2**

Name: \_\_\_\_\_ Species: Canine  Feline  Other   
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Age (wks., mths., yrs.): \_\_\_\_\_ Sex: M  F  Status:  Spayed  Neutered  Intact

**PATIENT MEDICAL HISTORY** (All animals must be current on vaccinations if being dropped off /boarded or they will be given at owners expense)

Previous Veterinary Clinic: \_\_\_\_\_

Please list any major medical problems your pet has had or is currently being treated for \_\_\_\_\_

Please list any medications routinely used \_\_\_\_\_

Thunderstorm Anxiety  Aggression: Human  Animal  Allergies  \_\_\_\_\_

Unusual Behavior/Special Diet: \_\_\_\_\_

**PET #3**

Name: \_\_\_\_\_ Species: Canine  Feline  Other   
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Age (wks., mths., yrs.): \_\_\_\_\_ Sex: M  F  Status:  Spayed  Neutered  Intact

**PATIENT MEDICAL HISTORY** (All animals must be current on vaccinations if being dropped off /boarded or they will be given at owners expense)

Previous Veterinary Clinic: \_\_\_\_\_

Please list any major medical problems your pet has had or is currently being treated for \_\_\_\_\_

Please list any medications routinely used \_\_\_\_\_

Thunderstorm Anxiety  Aggression: Human  Animal  Allergies  \_\_\_\_\_

Unusual Behavior/Special Diet: \_\_\_\_\_