



New 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 full out this information sheet.

Owner's Name: _____

Spouse/Other: _____

Address: _____ City/State: _____ Zip: _____

Home phone # _____ Work phone # _____ Cell # _____

Email address:

We will gladly prepare a written estimate if you so desire. Please ask the doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following:

Bank Name: _____ Driver's License # _____

Preferred method of payment: () Cash () Check () Credit Card () Debit Card

Name of previous/current veterinarian: _____

How did you hear about our hospital? _____

To help prevent the spread of infectious diseases, hospitalized animals must be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment if necessary.

I understand that 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, treat, or perform surgery upon the pet(s) listed and additional pets I present. Furthermore, I agree to pay fees for the services rendered at the time the pet is discharged from the hospital or the service is otherwise terminates. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$35.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify THE PET DOCTOR within that time period, it may be assumed that my pet is abandoned and hereby authorize the relinquishment of ownership of said pet to THE PET DOCTOR.

Signature _____

Date _____

Patient information on back (please complete)

Patient Information

Pet Medical History

Please complete information for all of your pets	Pet #1	Pet #2	Pet #3	Pet #4
Name -----				
Age -----				
Breed -----				
Description (color and markings)				
Sex -----	M or F	M or F	M or F	M or F
Spayed or Neutered -----	Yes or No	Yes or No	Yes or No	Yes or No
Diet (type of food) -----				
Daily medications, vitamins or treats				
Type of Heartworm Prevention -----				
Flea products used and last date of application -----				
Hours spent outside each day -----				
VACCINATIONS (PLEASE NOTE DATE VACCINES/TESTS LAST GIVEN)	Pet #1	Pet #2	Pet #3	Pet #4
Dogs : DA2PP (Distemper/Parvo) ---				
Bordetella (Kennel Cough) -----				
Leptospirosis -----				
Lyme -----				
Rabies -----				
Cats: FVRCP (distemper) -----				
FeLv (leukemia) -----				
Rabies -----				
Dogs : Heartworm Test -----				
Cats: FeLV test or FIV test -----				
Fecal Test (stool test for intestinal parasites) -----				
Dentistry -----				
Wellness/Geriatic Blood Screen -----				

Please add any other medical history, prior illness, or surgery that was not included in the above information so that we better understand your pet's background.

Thank you!