



Thank you for choosing our hospital to care for the health of your pet. We want you to feel comfortable in our office and assured that your pet is well cared for. If you have any questions or concerns, please feel free to ask one of our staff for assistance or discuss your concerns with the veterinarian. We are here to serve you!

Client Information:

Name(s): _____ Mr. Mrs. Ms. Dr.
first last

Address: _____
Street Apt/Unit# City Postal Code

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail: _____

Does any other person have authority to approve medical treatment? Yes No
 Please list contact information if appropriate: _____

Patient Information:

Name: _____ Dog Cat Other: _____ (please specify)

Breed: _____ Colour: _____ Male Female

Birth date /Age: _____ (mm/dd/yyyy) Spayed/Neutered: yes no

Microchip: yes no Microchip number if known: _____

Pet Insurance: yes no Pet Insurance Provider/Number: _____

Medical History:

Date of last vaccines: _____ (mm/dd/yyyy)

Type of vaccines (if known): _____

Previous Veterinarian: _____

Details of any previous medical problems: _____

Other pets in household: _____

How did you find us?

Street View Signage Yellow Pages Website

Through a Friend _____ (please specify) Other _____ (please specify)

Payment in full is due when services are rendered. For your convenience, payment may be made by Cash, Debit, Visa or Mastercard.