

Patient Information Sheet (PLEASE PRINT)

OWNER:

Last Name _____ First Name _____

Spouse/Co-Owner

Last Name _____ First Name _____

Address(street) _____ (apt#) _____

(city) _____ (state) _____ (zip) _____

Phone #s: Home _____ Cell _____ Spouse/Co-Owner Cell _____

****Please circle which phone # that you would like to be the primary # we call****

Employment: Owner _____ Work # _____

Spouse/Co-Owner _____ Work # _____

Email: _____

Form of Payment: (1) Check--Driver's License # required _____

(2) Cash

(3) Charge card--MC, Visa, Discover or Care Credit

****Payment is expected as services are rendered unless prior financial arrangements have been made. Any unpaid balances at the end of the month will be charged finance & billing charges.****

OWNER/CO-OWNER SIGNATURE _____ DATE _____

PET:

Name _____ Age _____ Sex _____ Neutered/Spayed yes or no

Breed _____ Color _____ Warnings to vet _____

Vaccination status: Cat---FVRCP _____ FELV _____ Rabies _____ FIP _____

(date last given) FIV test _____ FELV test _____ Fecal test _____

Dog---DHLPP _____ Rabies _____ Bordetella _____

Lyme _____ Heartworm test _____ Fecal test _____

Is your pet on Heartworm Preventative & what kind? _____

Is your pet on Flea Preventative & what kind? _____

Does your pet have any major medical/social problems that we need to know about? _____

Who is your major pet health insurance provider? _____

Would you be interested in pet health insurance for your pet? Yes or No

Please tell us how you were referred to our clinic so we may thank them: _____