

Client Information

Please help us maintain accurate records by filling out a separate card for each pet. Be sure to fill out BOTH sides of the card. At each visit, please review this card and make any necessary corrections or changes. This will help to ensure that you receive all reminder cards and other important information regarding your pet's health.

PLEASE PRINT

Name: _____ Spouse's Name _____
__ Mr. __ Mrs. __ Ms. __ Dr. __ Mr. __ Mrs. __ Ms. __ Dr.

Mailing Address: _____

Billing Address _____
(if different) _____

E-mail address: _____

Phone Numbers (Include Area Code):

Home: (____) _____ Cell: (____) _____

Work: (____) _____ Other: (____) _____

Emergency Contact:

Name: _____ Phone: (____) _____

Driver's License Number* _____
State of Issue _____ Expires _____

*This is required for all clients paying by check or credit card.
* **Returned checks are subject to a \$45.00 fee**
If it is not provided your account will be "Cash Only."

Please list any people who have your permission to make decisions regarding your pet's care, obtain information from your pet's medical records, or make transactions using your account**

**Due to privacy laws, your written permission will be required for other individuals to access this information

I certify that all information on this card is complete and correct.

Signature _____ Date _____

Patient Information

Pet's Name: _____

Date of Birth: _____ (estimate if unknown)

Species: _____ (dog, cat, ferret, etc.)

Breed: _____ (Beagle, Siamese, etc.)

Color(s): _____ Spayed __Yes __No

Microchip/Tattoo Number _____

Please list any vaccinations/testing your pet has received and the date(s) they were done:

Dog	Cat	Other Species
Vaccination	Vaccination	Vaccination
Date	Date	Date
Rabies _____	Rabies _____	Rabies _____
DHLP-P _____	FVRCP _____	_____
Bordetella _____	Leukemia _____	_____
Corona _____	FIV _____	_____
Other _____	FIP _____	_____

Test	Date	Test	Date	Test	Date
Fecal _____		Fecal _____		Fecal _____	
Heartworm _____		Leukemia _____			
Bloodwork _____		FIV _____			
		Bloodwork _____			

Is your pet on heartworm prevention?
 ___ Year Round ___ Seasonal ___ Not at All ___ N/A

Name of Prevention: _____

Is your pet on flea prevention?
 ___ Year Round ___ Seasonal ___ Not at All ___ N/A

Name of Prevention: _____

Does your pet have any known allergies or sensitivities? (please include allergies to medications, vaccinations, and anesthetics)

Please list any previous medical problems or on-going medical conditions that our doctors should be aware of. Include any current medications prescribed for these conditions:
