

CLIENT INFORMATION MEMO

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____ Spouse's name _____
 Address _____ Place of Employment _____
 City _____ State _____ ZIP _____ Work phone _____
 Home phone _____ Cellular phone _____
 Place of employment _____ Email _____
 Work phone _____
 Driver's license # _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of payment: Cash/Check Visa MasterCard Discover Pet Insurance

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of birth	/ /	/ /	/ /
Color			
Sex			
Date Neutered	/ /	/ /	/ /

YOUR DOG'S MEDICAL HISTORY

Rabies vaccine	/ /	/ /	/ /
DHLPP vaccine	/ /	/ /	/ /
Corona vaccine	/ /	/ /	/ /
Kennel cough vaccine	/ /	/ /	/ /
Lyme disease vaccine	/ /	/ /	/ /
Fecal (stool sample)	/ /	/ /	/ /
Heartworm test/prevention	/ /	/ /	/ /

YOUR CAT'S MEDICAL HISTORY

Rabies vaccine	/ /	/ /	/ /
FVRCP vaccine	/ /	/ /	/ /
Feline leukemia vaccine	/ /	/ /	/ /
FIP vaccine	/ /	/ /	/ /
Feline leukemia test	/ /	/ /	/ /
Fecal (stool sample)	/ /	/ /	/ /

Any previous serious illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you prefer not to be present during treatment of your pet? Yes

How did you become aware of our clinic?

Drove by Yellow Pages Previous client

Personal referral (Whom may we thank?) _____

Please check if you would like additional information about:

Boarding Grooming Obedience Training /Behavior Problems Other hospital services

Revised: _____



Service charge of 2% per month (24% per annum) will be charged on past due balance. Minimum charge \$7.00 per month.