

CLIENT & PATIENT INFORMATION

There is a one time \$10.00 records maintenance fee charged at your first visit

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date _____

Owner's name _____ Spouse/Other _____

Children (first name & ages) _____

Address _____ City _____ State/Prov _____ Zip/PC _____

Home Telephone _____ Work Phone _____

Employer's Name & Address _____

Spouse's/Other's Employer & Address _____

At what time _____ and at what phone number _____ is it best to call about your pet

In case of **EMERGENCY**, please call _____ at telephone number _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If you pay by check or credit card, please complete the following (if state law allows):

Driver License: State/Prov _____ Number _____

Signature _____

How did you first hear of our hospital? AAHA referral

Individual, someone we may thank? _____ Hospital Sign

Yellow Pages for location Yellow Pages for service(s) Other _____

We consider our pet(s) Part of the family Just as pets

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET.

Signature _____

Comments: _____

ANIMAL MEDICAL HISTORY (Please complete all information for each pet)

Animal Information	Pet #1	Pet #2	Pet #3
Name			
Species(canine, feline)			
Breed			
Description(color)			
Age(years)			
Date of Birth			
Sex			
Altered or Spayed			
Vitamins(type)			
Diet(kind of pet food)			
Type of grooming products			
Hours spent outside each day			
VACCINATIONS			
DHLPPC (canine distemper)			
Parvovirus (canine)			
Rabies (canine & feline)			
FVRCP (infectious diseases feline)			
Feline Leukemia/FIV Test (feline)			
Heartworm Test			
Fecal Exam(worms) (canine/feline)			
Dentistry			
Prior Illness			
Prior Surgery			

- Pet Origin** Humane Society Pet Store Kennel
 Friend Stray Individual (non breeder)
 Individual (breeder) Advertisement Rescue

Lake City Animal Clinic, Inc.