

Pet's Friend Animal Clinic

Patient and Client Information Sheet

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

Date: _____

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Employer's Name & Address: _____

Spouse's Employer Name & Address: _____

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

In case of an EMERGENCY, call _____ at phone # _____

References:

Bank Name: _____ Driver's License #: _____

How did you hear of our hospital?

- Individual, someone we may thank?
- Yellow pages, or another telephone directory?
- Hospital sign?
- Another hospital? If so, which?
- Other, please state: _____

All fees are due upon release of patient. Please indicate your choice of payment.

Cash Check (Driver's License required) MC / Visa

Signature of owner _____

Signature of other responsible party _____

Relationship to owner _____

Telephone _____

State law requires us to inform you that pets 14 days overdue to be picked up are considered abandoned and handled according to law.

How old was your pet when you acquired it? _____

Any significant prior illness or surgery we should know about? _____

Pet Information (please fill in the following for each pet.)

	Pet # 1	Pet # 2	Pet # 3
Pet's Name			
Species			
Breed			
Description (Color)			
Age or Date of Birth			
Sex			
Altered or Spayed			
Vaccinations	Please Write Down the dates the vaccines/tests were given		
Bordetella (Kennel Cough –Dogs)			
Coronavirus (Dogs)			
DHLP (Dogs)			
Parvovirus (Dogs)			
FVRCP (Cats)			
Rabies (Dogs/Cats)			
Lymes (Dogs)			
Heartworm Test (Dogs)			
Heartworm Prevention? (Dogs)			
Fecal Test (Stool Exam for Worms)			
Dentistry (Date Work was Done)			
Feline Leukemia Test			
Feline Leukemia Vaccine			
Other Vaccines – Please List			

Are any of the following a concern to you in your pet's behavior?

- Excessive barking Biting Shedding Straying from home House Breaking Smell
 Problem around children Excessive Itching / Scratching Wetting / spraying in house
 Overly rambunctious / overly enthusiastic

Would you be interested in learning how to improve your pet's manners Yes No

Is your pet currently on a special diet or medication? _____

What health care or grooming products are you currently using? _____

List any known drug allergies _____

Thank you for giving us the opportunity to serve you