

PATIENT AND CLIENT INFORMATION SHEET

OWNER(S) _____

LAST
FIRST
MI
LAST
FIRST
MI

ADDRESS _____

STREET, RURAL ROUTE, BOX NUMBER
CITY
STATE
ZIP CODE

E-MAIL _____

EMPLOYMENT _____

EMPLOYER
TITLE
EMPLOYER
TITLE

TELEPHONE _____

HOME
WORK
CELL

Rev.10/13/16

PET INFORMATION	PET 1	PET 2	PET 3	PET 4
NAME				
SPECIES (K9/ FEL)				
BREED				
DESCRIPTION				
AGE				
SEX				
SPAYED OR NEUTERED				
DATES VACCINATED				
DHLPPC				
RABIES				
FVRCCP				
FELV				
HEARTWORM TEST				
FLEA TREATMENT				
PRIOR ILLNESSES				
OTHER MEDICATIONS				
KNOWN ALLERGIES				

How old was your pet when you acquired it? _____
 How many hours is your pet outside each day? _____
 What is the best time to reach you at home? _____
 What prior illness or surgery should we know about? _____
 Do you have any behavioral problems with your pets that concern you? _____

Check ONE.

- 1) I feel my pet is another member of my family.
- 2) I feel my pet is just a pet.

Check ONE.

- 1) I prefer to be present when my pet is examined & treated.
- 2) I would rather not see my pet examined & treated.

Check ONE.

- 1) I want the best medical care available for my pet; please recommend anything you feel is necessary for good health.
- 2) I want good medical care for my pet, but there is a limit to what I am able to have done.
- 3) I want you to perform only the services that I request.

Check ONE.

- 1) I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
- 2) I would prefer you just summarize what has been done for my pet or what is needed.
- 3) I want my pet healthy, but don't need to know what has been done.

How did you become aware of our clinic? Yellow Pages Clinic Sign Internet site _____ Other _____
 Personal Recommendation – Whom may we thank? _____

ALL FEES ARE DUE UPON RELEASE OF THE PATIENT. A DEPOSIT PRIOR TO TREATMENT MAY BE REQUIRED. Please indicate your choice of payment method:

- Cash Visa/MC/Discover Check

Missouri Driver's License # _____ Date of Birth _____
Signature _____ **DATE** _____