

## 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:

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

<b>Test</b>	<b>Date</b>	<b>Test</b>	<b>Date</b>	<b>Test</b>	<b>Date</b>
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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_