

PATIENT/CLIENT INFORMATION

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. We would appreciate your comments about making our practice better if you would write them in the shaded are at the bottom of the sheet.

Date _____

Owner's Name _____ Spouse/Other _____

Children (first name & age) _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Work Phone _____ E-mail _____

Employer's Name & Address _____

Spouse's/Other 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.

Personal Check: Driver's License# _____ State _____

Signature _____

How did you first hear of our animal Hospital? AAHA Referral Hospital sign

Individual, someone we may thank _____

Yellow Pages under location Website Other _____

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

Please add my name to your mailing list.

**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 needed

Dogwood Animal Hospital
"Your Family's Other Doctor"

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

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description (Color)			
Ages (Years)			
Date of Birth			
Sex			
Altered or Spayed			
Vaccinations			
DHLP (Distemper – Dog)			
Parvovirus (Dog)			
FVRCP (Infectious Diseases – Cat)			
Rabies (Dog/Cat)			
Feline Leukemia Test			
FVRCP			
Other Vaccines			
Heartworm			
Heartworm Prevention			
Fecal Exam (Worms – Dog/Cat)			
Dentistry			
Prior Illness			
Prior Surgery			
Length of Time Owned			
FVRCP			

Pet Origin: Humane Society Pet Shop Kennel Advertisement
 Friend Stray Individual (non-breeder)