

# CLIENT/PATIENT INFORMATION SHEET

(PLEASE PRINT)

DATE \_\_\_\_\_

OWNER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

OWNER'S STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

CO-OWNER'S NAME \_\_\_\_\_

PLEASE CHECK YOUR PRIMARY PHONE #

HOME PHONE ( ) \_\_\_\_\_  BUSINESS PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_  CELL PHONE ( ) \_\_\_\_\_

FAX NO. ( ) \_\_\_\_\_  MAY WE TEXT YOU FOR CONTACT? YES  NO

EMAIL \_\_\_\_\_ TEXT # ( ) \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ SPECIES (K-9 or Feline) \_\_\_\_\_

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ AGE (Yrs. or Mo.) \_\_\_\_\_

SEX: Female  Male  SPAYED/NEUTERED: Yes  No  DOES YOUR CAT EVER GO OUTSIDE Yes  No

IS YOUR PET KNOWN TO BE AGGRESSIVE TO PEOPLE OR OTHER PETS? \_\_\_\_\_

NAMES/DATES OF ALL VACCINATIONS (within 1 yr.) \_\_\_\_\_

DOES YOUR PET HAVE ANY ADVERSE (BAD) REACTIONS TO ANY MEDICATIONS? \_\_\_\_\_

HEARTWORM PREVENTION (Type) \_\_\_\_\_

NAMES/DOSAGES OF ALL DRUGS CURRENTLY BEING GIVEN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIET (Type(s) of food) \_\_\_\_\_

LIST INJURIES, EXPOSURE TO TOXIC SUBSTANCES, PREVIOUS MEDICAL PROBLEMS, OR ANY SURGERIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN YOUR OWN WORDS, WHAT IS YOUR PET'S PROBLEM (Symptoms)? PLEASE ANSWER THIS QUESTION**

\_\_\_\_\_

\_\_\_\_\_

PRIMARY CARE VETERINARIAN'S NAME \_\_\_\_\_

PRIMARY CARE VETERINARIAN'S ADDRESS \_\_\_\_\_

PRIMARY CARE VETERINARIAN'S PHONE ( ) \_\_\_\_\_

METHOD(S) OF PAYMENT TO BE USED:

CASH  CHECK  VISA  MASTER CARD  DISCOVER  AMERICAN EXPRESS  CARE CREDIT

DRIVER'S LICENSE NUMBER (Present for Verification) \_\_\_\_\_ STATE \_\_\_\_\_ EXP. \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS \_\_\_\_\_

MAY WE CALL YOU AT WORK Yes  No  TIME \_\_\_\_\_

**THANK YOU VERY MUCH FOR YOUR TIME AND CONSIDERATION IN THIS MATTER!**

ADMITTING TECHNICIAN'S COMMENTS \_\_\_\_\_

\_\_\_\_\_

INITIALS \_\_\_\_\_