

Patient & Client Information Sheet

Thank you for giving **The Animal Health Center** the opportunity to care for your pet. So that we may become better acquainted, please **COMPLETE** the following:

OWNER _____ SPOUSE _____

ADDRESS _____ CITY _____ STATE: _____ ZIP _____

HOME# _____ WORK# _____ SPOUSE WORK# _____

CELL# _____ OTHER CONTACT# _____

EMPLOYMENT _____ SPOUSE EMPLOYMENT _____

DL# _____ EMAIL _____

In case of emergency, what is the best number to contact you at? _____

How did you learn about **Animal Health Center**?

Yellow Pages Sign Web Site/Internet Other _____

Referral – Who may we thank? _____

Pet History

	Pet 1	Pet 2	Pet 3
NAME			
SPECIES	Canine or Feline	Canine or Feline	Canine or Feline
BREED			
BIRTH DATE			
SEX/ SPAYED OR NEUTERED	M or F / Yes or No	M or F / Yes or No	M or F / Yes or No
COLOR			
DATE OF LAST VACCINATION			
TYPE OF HEARTWORM PREVENTION			

Any history of seizures, illness, or Drug Allergies? _____

Is your pet Aggressive and /or Afraid? Yes or No

Is your pet Indoor, Outdoor, or Both? _____% Indoor _____% Outdoor

What do you feed your pet? _____

The Animal Health Center strives to provide the best care that is available for your pet. You will be informed before any elective diagnostics, procedures, or treatments are performed.

In the case of emergency, if we are unable to reach you by phone, only diagnostics, procedures, or treatments which the attending veterinarian feels are necessary will be performed.

**Animal Health Center Accepts Cash,
Check, Visa, MC, Discover, AMEX.**

ALL FEES DUE UPON RELEASE:

Signature: _____