

## Patient and Client Information Sheet

Thank you for the opportunity to care for your pet. So that we may get better acquainted, please complete the following.

### Owner Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Title: Mr./Mrs./Dr./Ms.

Spouse/Co-owner \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**Drivers License** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work Number \_\_\_\_\_

### Patient Information

Name	Date of Birth	Sex	Spayed/ Neutered	Breed	Color	Dog/Cat/ Other

Any prior illnesses, surgical history we should know about? If so, please list pet and history

\_\_\_\_\_

Any known DRUG ALLERGY or VACCINE REACTIONS we should know about?

\_\_\_\_\_

Doctor Preference: \_\_\_ Dr. Coleman \_\_\_ Dr. Melloy \_\_\_ No Preference

How were you referred? \_\_\_ Yellow Pages \_\_\_ Hospital Sign \_\_\_ Other

If by personal recommendation, whom should we thank? \_\_\_\_\_

Please Check One:

I prefer to be present when my pet is examined and treated.

I would rather not see my pet examined and treated.

I would like to avoid the sight of blood, wounds, or needles.

**PROFESSIONAL FEES ARE TO BE PAID AT COMPLETION OF SERVICES**