

# NEW CLIENT / PATIENT 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.

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other  
\_\_\_\_\_

Address (Street & PO Box)  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted Yes / No Cell Phone  
\_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address  
\_\_\_\_\_

Spouse's/Other's Cell Phone \_\_\_\_\_ Work Phone  
\_\_\_\_\_

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

How did you first hear of our hospital?

\_\_\_\_\_ Individual; someone we may thank?  
\_\_\_\_\_

\_\_\_\_\_ Yellow Pages

\_\_\_\_\_ Hospital Sign

\_\_\_\_\_ Other  
\_\_\_\_\_  
\_\_\_\_\_

**Please see other side for pet's information.**

## Animal Medical History (Please complete all information for each pet)

**Pet's Name** \_\_\_\_\_ **Species** (cat, dog, other) \_\_\_\_\_  
**Breed** \_\_\_\_\_

**Color** \_\_\_\_\_ **Date of birth / Age** \_\_\_\_\_ **Sex** Male / Female  
**Neutered** Yes / No

**Pet's Name** \_\_\_\_\_ **Species** (cat, dog, other) \_\_\_\_\_

**Breed** \_\_\_\_\_

**Color** \_\_\_\_\_ **Date of birth / Age** \_\_\_\_\_ **Sex** Male / Female  
**Neutered** Yes / No

**Pet's Name** \_\_\_\_\_ **Species** (cat, dog, other) \_\_\_\_\_  
**Breed** \_\_\_\_\_

**Color** \_\_\_\_\_ **Date of birth / Age** \_\_\_\_\_ **Sex** Male / Female  
**Neutered** Yes / No

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**Color** \_\_\_\_\_ **Date of birth / Age** \_\_\_\_\_ **Sex** Male / Female  
**Neutered** Yes / No