

All Creatures Veterinary Hospital

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.

Owner's Name _____ Spouse/Other Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Reminders emailed to you? Yes/ No

Owner's Employer _____ Phone _____

Spouse/Other Employer _____ Phone _____

In case of EMERGENCY, please call _____

Driver's License: State & # _____ Expires: _____

We will gladly prepare a **written estimate** if you desire. Please ask the technician or the doctor.

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

We accept cash, checks with proper ID, Care Credit, Visa, MasterCard and Discover.

How did you first hear of our hospital?

___ HIBU ___ Yellow Book ___ Internet ___ Our Website ___ Hospital Sign

___ KS Humane Society/Animal Shelter ___ Other _____

___ Referral(*Someone we can thank*) _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

*All grooming animals must be current on the Rabies vaccine.

*I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Date _____ Signature _____

Clinic use:	
___ GROOMING	___ EMERGENCY SERVICES
___ FLEA CONTROL/TAPEWORMS	___ ADDITIONAL PETS INFORMATION
___ HEARTWORM TEST/PREVENTATIVE	___ FELINE LEUKEMIA/VACCINATION
___ VACCINATION HISTORY	___ DIET/FOOD SAMPLES
___ WILL BE USING OTHER VET	___ NEW CLIENT FOLDER GIVEN
Technician Initial _____	

ANIMAL MEDICAL HISTORY (Please complete all information for each pet)			
	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Altered or Spayed			
Diet (kind of pet food)			
Hours Spent Outside Each Day			
VACCINATIONS			
Rabies			
Dhlppc (dog)			
Bordetella (dog)			
Lyme (dog)			
Fvrpc (cat)			
Feline leukemia/FeLV (cat)			
FIP (cat)			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam			
Dentistry			
Prior Illness			
Prior Surgery			
Microchip			