




The Animal Hospitable Veterinary Clinic
Patient/Client Information

Office Use Only

 Client # _____
 Scanned
 Updated in computer

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Title: Mr. Mrs. Ms. Dr. Other _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell Phone#: _____

E-Mail Address: _____

Employer: _____ Work Phone#: _____

(Business Name if Self Employed)

Co-Owner: _____ Title: Mr. Mrs. Ms. Dr. Other _____

Relationship to Owner: _____ Cell Phone#: _____

Co-Owners Employer: _____ Work Phone#: _____

(Business Name if Self Employed)

Emergency Contact: Name: _____ Phone: _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by credit card, please complete the following:

Driver's License: _____ SSN: _____

Date of Birth: ____/____/____

Preferred Method of Payment: Cash Credit Card

Preferred Method of Contact: Call Text Email

Would you like to sign up for text message reminders? Yes No

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital? Dr. Referral Personal Recommendation Sign Yellow Pages Other

Referral, by whom? Name _____ If Dr., Clinic name & phone _____

(Who may we thank for referring you?)

List all other persons who have permission to consent to treatment: _____

To help prevent the spread of infectious diseases, ALL hospitalized animals must be current on all vaccines.

Furthermore, I agree to pay for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated.

I agree to pay a deposit of **at least** 50% for any procedure requiring hospitalization.

I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I agree to allow you or your agents contact to me via telephone, text message or e-mail, directly or by using a dialer, automatic telephone dialing system, interactive voice recognition system, or artificial or prerecorded voice or message. There will be a service charge for any check returned unpaid.

Signature _____ Date _____

Thank you for choosing The Animal Hospitable, we look forward to serving you. **(OVER)**

Animal Medical History

Please complete information for all your pets – Thank you!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Cat or Dog)			
Breed			
Description (Color)			
Age or Date of Birth			
Sex			
Spayed or Neutered			
Diet (Name of your Pet Food)			
Vitamins or Treats (Given Regularly)			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Heartworm Prevention? (Dogs)			
Feline Leukemia/Feline Aids			
Dentistry (Date Work was Done)			
Food or Drug Allergies			
Current Medications			
Medical History-Prior Illness/Surgery:			