

Patient/Client Information Form

Harrodsburg Animal Hospital

Patient/Client Information Form

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

Salutation: Mr. Mrs. Ms. Dr.

Owner's Full Name:

First M.I. Last

Spouse/Co-Owner Name: _____

Address: _____ (_____)
Street P.O.Box if applicable

City State Zip Code

Phone Numbers:

() _____ Home
() _____ Cellular
() _____ Work Name of Work Place
() _____ Emergency contact, _____ Name

Email Address: _____

How did you become aware of our clinic?

Personal Recommendation (whom do we thank?) _____

Yellow Pages Internet Drove By Previous Client

We will gladly prepare an estimate for you upon request. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Charging is only done thru credit cards.

Please indicate choice of payment:

Cash Debit Card Credit Card Check (we cannot accept checks without Driver's License # on file)

For check writing: Driver's License # _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I understand and authorize the doctor to provide vaccines and parasite control as needed for my hospitalized or boarded pet.

Signature _____ Date _____

Turn Page Over to Complete PET information on Back ----->

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Client Name: _____

Pet Information:

	Pet #1	Pet #2	Pet #3
Name			
Species (cat/dog/other)			
Breed			
Description(color)			
Date of Birth			
Age			
Sex			
Neutered or Spayed			
Diet (kind of food)			
Hours spent outside each day			
VACCINATION Dates & LAB HISTORY			
(Dog or Cat)_ RABIES Vaccination			
(Dog) DHPPC			
(Dog) Bordetella			
(Dog) Lyme			
(Dog or Cat) Heartworm Test			
(Dog or Cat) Heartworm Prevention			
(Cat) Testing for Leukemia & FIV			
(Cat) FVRCP			
(Cat) Leukemia			

Name of Previous Veterinarian/Hospital: _____

Phone #: (____) _____

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