



## PATIENT / CLIENT 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: \_\_\_\_\_

Children (first name & ages): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Is it OK for us to contact you by e-mail if needed? Yes  No

Employer's Name: \_\_\_\_\_

Spouse's / Other's Employer: \_\_\_\_\_

If you cannot be reached, we should call \_\_\_\_\_ at telephone number \_\_\_\_\_

**We will gladly prepare written estimates if you desire. Please check if you want estimates for all diagnostics and treatments.**

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

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

### How did you first hear about our hospital:

- Individual Referral; Someone we may thank? \_\_\_\_\_
- Yellow Pages
- Saw Hospital Sign / Live Close
- Advertisement
- Other: \_\_\_\_\_

**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 authorize the staff at Breckinridge Park Animal Hospital to provide vaccines and parasite control as needed for my pet(s).**

\_\_\_\_\_  
**Signature**



**ANIMAL MEDICAL HISTORY (Please complete all information for each pet)**

	PET #1	PET #2	PET #3
<b>Name</b>			
<b>Species (cat, dog, etc.)</b>			
<b>Breed</b>			
<b>Color / Markings</b>			
<b>Age / Date of Birth</b>			
<b>Sex</b>			
<b>Spayed / Neutered</b>			
<b>Diet (Brand &amp; Type)</b>			
<b>Date Pet(s) Acquired</b>			
<b>Origin of Pet(s) (e.g. humane society, pet shop, breeder, friend, stray)</b>			
<b>Hours outside each day?</b>			
<b>Vaccinations:</b>			
<b>DHLP (Dog – Distemper)</b>			
<b>Parvovirus (Dog)</b>			
<b>Kennel Cough (Dog)</b>			
<b>Rabies (Dog/Cat)</b>			
<b>FVRCP (Cat)</b>			
<b>Feline Leukemia (Cat)</b>			
<b>Heartworm Test (Date)</b>	/ /		
<b>Heartworm Prevention</b>	Sentinel Revolution	Interceptor Iverheart	Heartgard Proheart Inj
<b>Fecal Exam (Date)</b>	/ /		
<b>FeLV/FIV Test (Date)</b>	/ /		
<b>Dentistry (Date)</b>	/ /		
<b>Major Prior Illnesses</b>			
<b>Prior Surgery</b>			
<b>Any Known Allergies?</b>			