



PATIENT/CLIENT INFORMATION

Welcome to Healthy Petz. 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.

Your Name/Title _____ Spouse/other _____

Address _____

City _____ County _____ Zip _____

Home Phone _____ Cell Phone _____

Your Work Phone _____

Your Email Address _____

Your Driver's License Number _____ State _____ Exp _____ (if you will wish to pay by check)

In case of EMERGENCY, please call _____ @ Telephone _____

How did you first learn of our hospital?

Hospital Sign Facebook Website Other _____ Referred by _____

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard and Discover Card.

We charge \$35. fee for returned checks.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH AN ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE _____ DATE _____

*****Please record pet information on back*****

ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Cat or Dog?			
Breed			
Color			
Age			
Date of Birth			
Sex/Spayed/Neutered			
Previous Hospital/Vet			
Microchip #			
Vaccinations	Dates		
DHPP (dogs)			
Bordetella (dogs)			
Rabies			
FVRCP (cats)			
FELV (cats)			
Any Other Vaccinations			
Heartworm Preventative			
Flea/Tick Preventative			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery			
Prior Dentistry			

Please tell us of any other information we should have to best assist you and your pets.
