Pet Menders
ANIMAL HOSPITAL

CLIENT INFORMATION SHEET

Thank you for giving our hospital the opportunity to care for your pet! So that we may better meet your needs, please complete the following (**please print legibly**):

Date: ____________________________

Guardians Name:___________________________________ Spouse/Other:_____________________________

Address:_____________________________________ City/State:__________________________ Zip:________

Home Phone: (_____)___________________________ Cell: (____)_____________________________________

E-mail Address:____

How did you hear about our hospital:

☐ Hospital Sign ☐ Internet: Site______________________ ☐ Referred by:_____________________________________ ☐ Other:______________

Pet's Name:____ Species: ☐ Canine ☐ Feline

Breed:____ Male / Neutered Female / Spayed

Date of Birth:________________________ Color:________________ Microchip #:____________________

Dates last given the following vaccines:

Dogs: Rabies_____________________ Cats: Rabies_____________________________

Distemper:_________________________ Distemper:________________________________

Bordetella:_________________________ Leukemia:_________________________________

What prior illness, surgery or drug allergy should we know about?

____

What is your pet's current diet and how much is fed each day?

____

Is your pet currently on medication? Please list:

____

Do we have permission to request a copy of your pet's medical records? ☐ Yes ☐ No

Previous hospital:_________________________________ ________________________

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Payment Policy: Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient for you: Cash, Check (with valid CO ID), Visa, MasterCard, Discover, Amex, Care Credit.

It is our policy to provide you with an estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit may be required. Thank you for bringing your pet to our hospital. We hope you are pleased with our services and facility and would appreciate you letting us know how we might improve them.