

All Creatures Veterinary Hospital

Client/Patient 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.

Owner's Name _____ Spouse/Other Name _____

Address _____ City/State _____ Zip _____

Home Telephone _____ Work Telephone _____

Owner Employer _____

Spouse/Other Employer and Phone _____

In case of EMERGENCY, please call _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** To speed our checkout process, we need the following information.

Driver's License: State/Number _____

How did you first hear of our hospital?

___ AT&T Yellow Pages ___ Hospital Sign ___ Internet ___ Website

___ Feist Yellow Book ___ Kansas Humane Society /Wichita Animal Shelter

___ Other Advertisement, please list _____

___ Individual, someone we may thank _____

___ Other, please list _____

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. Grooming animals must be current on Rabies. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Date _____ Signature _____

Clinic use:

___ GROOMING

___ EMERGENCY SERVICES

___ FLEA CONTROL/TAPEWORMS

___ ADDITIONAL PETS INFORMATION

___ HEARTWORM TEST/PREVENTATIVE

___ FELINE LEUKEMIA/VACCINATION

___ VACCINATION HISTORY

___ DIET/FOOD SAMPLES

___ WILL BE USING OTHER VET

___ NEW CLIENT FOLDER GIVEN

Technician Initial _____

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

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Altered or Spayed			
Diet (kind of pet food)			
Hours Spent Outside Each Day			
VACCINATIONS			
Rabies			
Dhlppc (dog)			
Bordatella (dog)			
Lyme (dog)			
Fvrpc (cat)			
Feline leukemia/FelV (cat)			
FIP (cat)			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam			
Dentistry			
Prior Illness			
Prior Surgery			