

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 _____

Landline phone _____ Primary Y/N Cell phone _____ Primary Y/N

Owner's Employer _____ Work Phone _____

Spouse/Other Name _____

Landline phone _____ Primary Cell phone _____

Spouse/Other Employer _____ Work Phone _____

Address _____ City/State _____ Zip _____

Email _____ Reminders emailed to you? Y/N

In case of EMERGENCY, Name _____ Phone _____

Driver's License: State & # _____ Expires: _____

We will gladly prepare a written estimate if you desire. Please ask the technician or the doctor.

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

We accept cash, checks with proper ID, American Express, Care Credit, Visa, MasterCard and Discover.

How did you first hear of our hospital?

_____ Internet Search _____ Our Website _____ Hospital Sign _____ Phonebook

_____ KS Humane Society/Animal Shelter or Other _____

_____ Referral(*Someone we can thank*) _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

*All grooming animals must be current on the Rabies vaccine.

*I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Date _____ Signature _____

Clinic use:	
<input type="checkbox"/> GROOMING	<input type="checkbox"/> EMERGENCY SERVICES
<input type="checkbox"/> FLEA CONTROL/TAPEWORMS	<input type="checkbox"/> ADDITIONAL PETS INFORMATION
<input type="checkbox"/> HEARTWORM TEST/PREVENTATIVE	<input type="checkbox"/> FELINE LEUKEMIA/VACCINATION
<input type="checkbox"/> VACCINATION HISTORY	<input type="checkbox"/> DIET/FOOD SAMPLES
<input type="checkbox"/> WILL BE USING OTHER VET	<input type="checkbox"/> 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			
DAP4L (dog)			
Bordetella (dog)			
Lyme (dog)			
Leptosprosis (dog)			
FVRCP (cat)			
Feline leukemia/FeLV (cat)			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam			
Dentistry			
Prior Illness			
Prior Surgery			
Microchip			

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