



Welcome to Seventy First Animal Hospital!

Client Information:

Name: _____ Birth Date: _____
Spouse's Name: _____
Address: _____ City/State/Zip: _____
Driver's License # and State: _____ Email Address: _____
Spouse's License # and State: _____ Spouse's Email: _____
Home Phone: (____) _____ and/or Cell Phone: (____) _____
Employer: _____ Work Phone (____) _____
Employer's Address: _____ City/State/Zip: _____
Spouse's Employer: _____ Work Phone: (____) _____
Emergency Contact Name: _____ Phone: (____) _____
How did you learn about us? _____ (Friend's name, Phonebook, Website, etc.)
Primary reason for visit: _____

Pet Information:

Pet's Name: _____ Dog Cat Other: _____
Sex: Male Female Age: ____ Birth Date: _____ Breed: _____
Color: _____ Neutered/Spayed? Yes No
What age was pet obtained? _____ From? _____ (Friend, Breeder, Shelter, etc.)
Reason for obtaining (Companion, Protection, Breeding, etc.) _____
Describe your pet's diet: _____
Any current medication? _____
Any special conditions/illnesses/injuries? _____

Pet's History (check all that pet has received):

___ Distemper ___ Feline Leukemia/Aids Test ___ Prior Surgery: _____
___ Parvovirus(Dog) ___ FVRCP (Cat) ___ Prior Illness: _____
___ Rabies(Dog/Cat) ___ Dental Cleaning ___ Other: _____
___ Bordetella (Dog/Cat) ___ Heartworm Prevention(Dog/Cat)

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that payment in full is expected when treatment is performed or pet is discharged. In case of emergency hospitalization, deposit arrangements must be made with the receptionist, usually 50% of the estimate. On your request we will provide you with a written estimate of fees before care is provided. Please indicate how you will pay for this visit

CASH CHECK VISA MASTERCARD DISCOVER CARE CREDIT

Signature of Client Responsible for Pet(s)

Date