

## PATIENT/CLIENT 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.*

Date: \_\_\_\_\_

Owner's Name \_\_\_\_\_

Spouse's/Other's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse/Other SS # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Spouse/Other DL # \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Spouse's/Other's Employer's Name \_\_\_\_\_

Spouse's/Other's Employer's Address \_\_\_\_\_

In case of EMERGENCY, please call \_\_\_\_\_

at Phone #(s) \_\_\_\_\_

How did you first hear of our hospital?

- Individual; someone we may thank? \_\_\_\_\_
- Yellow Pages for location
- Yellow Pages for services
- Hospital Sign
- Other \_\_\_\_\_

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED, GROOMING AND BOARDING PATIENTS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET.

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

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. BY SIGNING BELOW, I AGREE THE ABOVE INFORMATION IS TRUE AND CORRECT. SHOULD IT BECOME NECESSARY TO FORWARD ANY DEBT INCURRED WITH TOMBALL ANIMAL HOSPITAL FOR COLLECTION, I AGREE TO BE RESPONSIBLE FOR ANY AND ALL COLLECTION COSTS, ATTORNEY FEES, AND/OR COURT COSTS.

Any unpaid balances will be subject to a finance charge of 1.5% per month, (18% APR). Late charges and service charges may also be added under certain conditions.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

*Please provide the pet's information on the second sheet.*

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

	Pet #1	Pet #2
Pet's Name		
Sex		
Neuter/Spayed		
Date of Birth		
Age		
Breed		
Description/Color		
Species (cat, dog, other)		
Length of time owned		
Pet Origin	Animal Shelter   Pet Store   Stray Breeder   Individual	Animal Shelter   Pet Store   Stray Breeder   Individual
Diet		
Flea/Tick Preventative		
Heartworm Preventative		
Date of Heartworm Test		
Date of Fecal Exam		
Date of FeLV/FIV Test		
Date of Rabies		
Date of DHLPPC		
Date of Bordetella		
Date of FCVRPC		
Date of FELV		
Other vaccinations		
Prior Illness		
Prior Surgery		
Prior Dentistry		
Date of Last CBC/Panel		
Allergies		
Name of Former Clinic		
Phone # of Clinic		