



# Welcome!

We are excited to welcome you to our practice. Please fill out the form below as completely as possible. If you have any questions, please do not hesitate to ask a staff member. We look forward to making you and your pet a part of our family!



## Client Information

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Spouse or Co-Owner Information

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Are you or your spouse 65 or older? Yes No

Preferred payment type: Cash Check Charge

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Previous Vet: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

Please let us know how you heard of us (Check all that apply)

Hospital Sign PLEASE SPECIFY BELOW:

AAHA  Website: \_\_\_\_\_

Pet Pages  Friend/Client: \_\_\_\_\_

Osprey Observer  Yellow Pages: \_\_\_\_\_

Home Again  Other: \_\_\_\_\_

## Pet Information

### Pet Information #1

Name: \_\_\_\_\_

Species:  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed:  Yes  No

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Your pet:

Has Microchip:  Yes  No

Heartworm Prevention:  Yes  No Date Given: \_\_\_\_\_

Flea/Tick Prevention:  Yes  No Date Given: \_\_\_\_\_

Environment:  Indoor  Outdoor  Both % \_\_\_\_\_

Temperament:  Outgoing/Social  Neutral  Shy

Aggressive

On Medication:  Yes  No What kind? \_\_\_\_\_

\_\_\_\_\_

Special Diet:  Yes  No What kind? \_\_\_\_\_

Please list prior illness or surgery:

\_\_\_\_\_

\_\_\_\_\_

### **Please List Any Additional Pets Below:**

Name: \_\_\_\_\_

Species:  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed:  Yes  No

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_

Species:  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed:  Yes  No

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_

Species:  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed:  Yes  No

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**(Please List Any Additional Pets on Back)**

**FINANCIAL POLICY:** Animal Medical Center requires payment in full for professional services when your pet is discharged from the hospital. As legal owner or responsible agent of the above animal(s), I certify that I have read and agree to this financial policy. I hereby assume financial responsibility for all services rendered.

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

**ACKNOWLEDGMENT:** I have read and understand the owner and pet information above and verify that it is true and correct.

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

Print Name: \_\_\_\_\_