

ANIMAL CLINIC OF MICHIGAN CITY

Client-Patient Information Form

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a few moments to complete both sides of the information sheet.

DATE: _____

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer Name: _____ Spouse/Other Employer _____

E-Mail Address: _____ Driver's License No. _____

In case of emergency, please call: _____ Number: _____

How did you first hear of our hospital? Personal Recommendation: _____

____ Yellow Pages ____ Hospital Sign Other _____

What would you like us to know about your pet? _____

Notification/ Agreement

To prevent the spread of infectious diseases and parasites, hospitalized and medical boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the Animal Clinic of Michigan City to provide vaccines and parasite control as needed for my pet. I am financially responsible for the patient(s) described above and agree to pay all fees incurred. I understand that any medical or surgical procedure is attended by some risk and that it is not possible to guarantee that successful outcome of any such procedure. This agreement is in force indefinitely from this date unless notify Animal Clinic of Michigan City in writing on the contrary.

Authorization for release of medical records.

I authorize the Animal Clinic of Michigan City to acquire any and all medical or surgical records from my previous veterinarian and /or send such information to any veterinarian and/or pet boarding/ grooming facility as requested by us or them.

Signature: _____

Animal Medical History

	PET 1	PET 2	PET 3
PET ORIGIN	<input type="checkbox"/> Humane Society <input type="checkbox"/> Friend <input type="checkbox"/> Pet Store <input type="checkbox"/> Stray <input type="checkbox"/> Breeder <input type="checkbox"/> Individual	<input type="checkbox"/> Humane Society <input type="checkbox"/> Friend <input type="checkbox"/> Pet Store <input type="checkbox"/> Stray <input type="checkbox"/> Breeder <input type="checkbox"/> Individual	<input type="checkbox"/> Humane Society <input type="checkbox"/> Friend <input type="checkbox"/> Pet Store <input type="checkbox"/> Stray <input type="checkbox"/> Breeder <input type="checkbox"/> Individual
Name:			
Species: Feline (cat) Canine (dog)			
Breed: (type)			
Color:			
Date of birth:			
Sex:	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Diet:			
Prior Illness:			
Prior Surgery not including altering.			
Last Vaccines			
Hospital where vaccines last done at			

