

# CLIENT INFORMATION SHEET

Thank you for giving **Carrollton Animal Hospital** an opportunity to care for your pet. So that we may become better acquainted, please complete the following:

**Owner:** \_\_\_\_\_  
First MI Last

**Spouse/Partner:** \_\_\_\_\_  
First MI Last

**Address:** \_\_\_\_\_  
Street Apt # City State Zip

**Contact Information:**

**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Home Phone :**(\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Work Phone :**(\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Spouse Phone:**(\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Date of Birth:** \_\_\_\_\_ **TX Drivers License:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Spouse DOB:** \_\_\_\_\_ **Spouse Lic. Number:** \_\_\_\_\_

**Spouse Employer:** \_\_\_\_\_

How did you hear of our clinic?

Yellow Pgs\_\_\_ Sign/Location\_\_\_ Website\_\_\_ Client Referral (Who?)\_\_\_\_\_

Previous Veterinarian\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\*\*\*\*\*All fees are due upon services rendered\*\*\*\*\*  
\*\*\*\*\*We accept Cash, Checks, Debit Cards and Major Credit Cards\*\*\*\*\*

**Pet #1:** \_\_\_\_\_  
Name Breed Species

Color D.O.B. Sex Spayed/Neutered?

Date of Last Vaccinations: \_\_\_\_\_

**Pet #2:** \_\_\_\_\_  
Name Breed Species

Color D.O.B. Sex Spayed/Neutered?

Date of Last Vaccinations: \_\_\_\_\_

**Pet #1:**      **Pet #2:**

|   |     |    |     |    |
|---|-----|----|-----|----|
| Does your pet have any known drug allergies?      | YES | NO | YES | NO |
| Is your pet currently taking any medication?      | YES | NO | YES | NO |
| Has your pet had any history of seizures?         | YES | NO | YES | NO |
| Is your pet on a special diet?                    | YES | NO | YES | NO |
| Has your pet had any reactions to vaccinations?   | YES | NO | YES | NO |
| Does your pet have any previous medical problems? | YES | NO | YES | NO |
| Is your pet currently on heartworm preventative?  | YES | NO | YES | NO |