

**ANDOVER ANIMAL HOSPITAL
PATIENT/CLIENT INFORMATION**

Thank you for giving us the opportunity to care for you pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Last Name _____ First Name _____ Circle one
Mr/Mrs/Ms/Dr

Spouse First Name _____ Spouse Last Name _____

Street Address #1 _____ Street address # 2 _____

City _____ State _____ Zip _____ Home Phone(____) _____

Work Phone(____) _____ Cell(__) _____

E-Mail Address _____ Referred By _____
(to receive reminders)

Driver's License # _____ Spouse Driver's Lic # _____

Social Security # _____ Spouse Social Sec # _____

Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact _____ Emergency Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask the receptionist or doctor. Professional fees are due at time services are rendered.

To help prevent the spread of infectious diseases all hospitalized and boarded animals must be current on all vaccines.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated.

Note: You must be over the age of 18

Signature _____ Date _____

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species			
Breed			
Description (color)			
Age or D.O.B.			
Sex			
Altered Or Spayed			
Diet (name of food)			
Vitamins or treats			
Shampoo			
Hours spent outside			

VACCINATIONS+

DHLPP (distemper-dogs)			
Corona (dogs)			
Bordetella (Kennel-dog)			
Lyme (dog)			
Rabies (dog&cat)			
FVRCP (distemper-cat)			
FELV (Leukemia-cat)			
Other Vaccines			
Heartworm Test (dog)			
Hw Prevention (dog)			
Feline FELV/FIV (cat)			
Fecal Test (dog&cat)			
Dentistry (date? dog&cat)			
Geriatric Screen (7+yrs)			
Food or drug allergies			
Current Medications			
Medical History			