

# Poland Animal Hospital

1197 Maine Street • Poland, Maine, 04274 • (207) 998-2444

Thank you for giving Poland Animal Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

## Client Information

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

Driver's License # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Primary Email address:

\_\_\_\_\_  
(this address will never be shared and will only be used to send appointment reminders, annual/semi-annual vaccine reminders and test results)

Home Address \_\_\_\_\_

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

Owner's Home No. (\_\_\_\_\_) \_\_\_\_\_

Owner's Cell (\_\_\_\_\_) \_\_\_\_\_

Owner's Work: (\_\_\_\_\_) \_\_\_\_\_

Is it OK for us to contact you at work?  Yes  No

## Spouse/ Co-Owner Information

Co-owner's Name: \_\_\_\_\_

Driver's License # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Co-owner's Home No. (\_\_\_\_\_) \_\_\_\_\_

Co-owner's Cell: (\_\_\_\_\_) \_\_\_\_\_

Co-owner's Work: (\_\_\_\_\_) \_\_\_\_\_

Is it OK for us to contact you at work?  Yes  No

## Patient Information

	PET #1	PET #2	PET #3
<b>NAME</b>			
<b>SPECIES</b>			
<b>BREED</b>			
<b>BIRTHDATE (AGE)</b>			
<b>COLOR</b>			
<b>SEX</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>SPAYED/NEUTERED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DIET?</b>			

Previous medical records may be mailed to the above address or faxed to (207)998-8149