

Viewmont Animal Hospital

Patient/Client Information

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

Owner's Name: _____ Spouse/Other: _____

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

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-Mail Address: _____
(Ask about pet portals)

Employer's Name: _____

Spouse's Employer Name & phone #: _____

In case of EMERGENCY, call _____ at phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Driver's License # & State: _____

Preferred Method of Payment: Cash Check Credit Card

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

- Individual, someone we may thank? _____
- Yellow pages, or another telephone directory?
- Hospital sign?
- Another hospital? If so, which? _____
- Other, please state: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines. If your pet(s) is found to have fleas or internal parasites while in our hospital your pet will be treated and you will be responsible for all treatment expenses.

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. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

There will be a service charge for any check returned unpaid.

Signature _____ Date _____

(OVER)

Animal Medical History

Please complete information for all your pets - Thank You!	Pet # 1	Pet # 2	Pet # 3
Pet's Name			
Breed			
Color			
Age or Date of Birth			
Sex			
Neutered or Spayed ?			
Diet (Name of Your Pet Food)			
Vitamins or Treats (Given Regularly)			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Does Pet Have a Microchip			
Microchip Number			
Vaccinations	Please write down the dates the vaccines/tests were given.		
DHLPPC (Distemper/Parvo/Corona - Dogs)			
Bordetella (Kennel Cough - Dogs)			
Lyme (Dogs)			
Rabies (Dogs/Cats)			
FVRCP (Distemper - Cats)			
FELV (Feline Leukemia - Cats)			
Other Vaccines - Please List			
Heartworm Test (Dogs)			
Heartworm Prevention? (Dogs)			
Feline Leukemia/Feline Aids			
Fecal Test (Stool Exam for Worms)			
Dentistry (Date Work was Done)			
Geriatric Health Screen			
Food or Drug Allergies			
Current Medications			
Medical History - Prior Illness/Surgery:			
Thank You!			