



# Welcome

## CLIENT AND PATIENT INFORMATION

CASE # \_\_\_\_\_

### Client Information

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

#### Owner Contact Information

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Bus. Ph: \_\_\_\_\_  
 Choice of payment:  Cash/Check  VISA/MasterCard/Discover

Notify in case of emergency: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

Please tell us how you learned about us?

Saw your sign  Yellow Pages  Received a mailing  Referred by a friend

Who may we thank for the referral? \_\_\_\_\_

#### Spouse or Co-Owner Contact Information

Name: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**FINANCIAL POLICY:** NORTH END PET HOSPITAL requires payment in full for professional services when your pet is discharged from the hospital. As legal owner or responsible agent of the above animal(s), I certify that I have read and agree to this financial policy. I hereby assume financial responsibility for all services rendered.

Signature of owner or agent: \_\_\_\_\_

Date: \_\_\_\_\_

### Pet Information #1

Pet's Name: \_\_\_\_\_  
 Pet Species:  Canine  Feline  Other: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Sex:  Male  Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Tatto or Microchip:  Yes  No  
 Neutered/Spayed:  Yes  No If yes, at what age: \_\_\_\_\_  
 Pet's temperament:  Outgoing/Social  Neutral  Shy  Aggressive  
 What vaccines has your pet received? Date received: \_\_\_\_\_  
 DOG:  DHPP  Rabies  Parvo  Bordetella  Lepto  
 CAT:  FVRCP  Rabies  Leukemia  
 Heartworm Test:  YES  NO Date received: \_\_\_\_\_  
 Fecal Stool Sample:  YES  NO Date received: \_\_\_\_\_  
 Please list any prior illness or surgery: \_\_\_\_\_  
 \_\_\_\_\_  
 Taking any special diets or medications: \_\_\_\_\_  
 \_\_\_\_\_

### Pet Information #2

Pet's Name: \_\_\_\_\_  
 Pet Species:  Canine  Feline  Other: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Sex:  Male  Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Tatto or Microchip:  Yes  No  
 Neutered/Spayed:  Yes  No If yes, at what age: \_\_\_\_\_  
 Pet's temperament:  Outgoing/Social  Neutral  Shy  Aggressive  
 What vaccines has your pet received? Date received: \_\_\_\_\_  
 DOG:  DHPP  Rabies  Parvo  Bordetella  Lepto  
 CAT:  FVRCP  Rabies  Leukemia  
 Heartworm Test:  YES  NO Date received: \_\_\_\_\_  
 Fecal Stool Sample:  YES  NO Date received: \_\_\_\_\_  
 Please list any prior illness or surgery: \_\_\_\_\_  
 \_\_\_\_\_  
 Taking any special diets or medications: \_\_\_\_\_  
 \_\_\_\_\_