



Village Animal Clinic

PATIENT/CLIENT INFORMATION

Thank you for affording us the opportunity to care for your pet. Please help us better meet your needs by taking a few minutes to complete both sides of this information sheet.

Today's date:			
Owner name:		Spouse/Other:	
Children (first name & age if they may be responsible for bringing in pet for treatment)			
Street address:		City:	State: ZIP Code:
Email address:			
Home phone: ()		Work phone: ()	Cell phone: ()
At what time and number is it best to call about your pet?		Time:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

IN CASE OF EMERGENCY

Emergency contact name:	Home phone no.: ()	Work phone no.: ()
-------------------------	---------------------------	---------------------------

FINANCIAL POLICY

If you desire, our receptionist will gladly prepare a written estimate for all anticipated services. All professional fees are due at the time service is rendered. **We accept Visa, MasterCard and cash for payment of services. We do not accept checks.** Please discuss payment concerns prior to authorizing services.

How did you first hear of our hospital?	
<input type="checkbox"/> Individual; someone we may thank:	<input type="checkbox"/> Hospital sign/driving by
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other:
I/We consider our pet(s) <input type="checkbox"/> part of our family <input type="checkbox"/> just pets	
<input type="checkbox"/> Please add my name to your mailing list.	

To prevent the spread of infectious disease and parasites, hospitalized animals must be current on vaccines and free of internal and external parasites.

It is important that we educate each of our clients about the best medical care and prevention available to their pet. It is our goal to provide you with the information and tools to make the best, most educated decisions regarding your pet's healthcare.

We encourage you to ask as many questions as you need to and will gladly provide estimates of services and treatments upon request. As the pet's owner, you reserve the right to decline any product, test or treatment recommended by the veterinarian. Please be aware that in some cases, you will be required to sign a "declination of treatment" form and that all declined services will be maintained as such in the patient's medical record.

Animal Medical History

Please complete all information for each pet.

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, etc.)			
Breed			
Color			
Age in years			
Birth date			
Sex			
Spayed/Neutered			
Length of time owned			
Diet			
I have groomed @			
I board/kennel @			
Current medications			

DOG VACCINES/TESTS

Distemper Combo			
Parvo			
Bordatella (kennel cough)			
Rabies			
Heartworm Test			
Other			

CAT VACCINES/TESTS

Distemper Combo			
Feline Leukemia			
Rabies			
Other Vaccines			
Leukemia/FIV test			

PREVENTATIVES

Heartworm prevention			
Flea & Tick prevention			
Stool examination			
Dental cleaning			
Prior illness			
Prior surgery			

QUESTIONS/COMMENTS?

--