



# Healthy Pet Hospital

## Client Information

**\*Thank you for allowing us to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.**

Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Co-Owner (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_\_

In Case of EMERGENCY, Call \_\_\_\_\_ Phone # \_\_\_\_\_

Contact information for previous medical records: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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**\*We will gladly prepare a written estimate if you so desire. Professional fees are due at time services are rendered.**

**\*To help prevent the spread of infectious diseases, ALL elective surgery patients, hospitalized patients, and boarded animals must be current on ALL core vaccinations. You must provide adequate printed vaccination history at check-in. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

By signing below, I am verifying that all the above information is correct. I understand that all charges are due when services are rendered, and I accept full responsibility for the charges incurred during every visit to Healthy Pet Hospital. Furthermore, I hereby agree to pay all costs of collection or legal fees should such action be necessary due to non-payment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Signature of Owner or Authorized Agent 18 years or older)*

*(Please fill out pet information on reverse)*



# Healthy Pet Hospital

## Patient Information

Please fill out all your Pets!

### Pet 1:

Name OR Animal ID Number: \_\_\_\_\_ Species (circle one): Cat Dog Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Behavioral problems: \_\_\_\_\_ Sex (circle one): Male / Female – Spayed / Neutered

Does your pet have any known allergies or vaccine reactions? Yes/No Pet Microchipped: Yes / No

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### Pet 2:

Name OR Animal ID Number: \_\_\_\_\_ Species (circle one): Cat Dog Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Behavioral problems: \_\_\_\_\_ Sex (circle one): Male / Female – Spayed / Neutered

Does your pet have any known allergies or vaccine reactions? Yes/No Pet Microchipped: Yes / No

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### Pet 3:

Name OR Animal ID Number: \_\_\_\_\_ Species (circle one): Cat Dog Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Behavioral problems: \_\_\_\_\_ Sex (circle one): Male / Female – Spayed / Neutered

Does your pet have any known allergies or vaccine reactions? Yes/No Pet Microchipped: Yes / No

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### Pet 4:

Name OR Animal ID Number: \_\_\_\_\_ Species (circle one): Cat Dog Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Behavioral problems: \_\_\_\_\_ Sex (circle one): Male / Female – Spayed / Neutered

Does your pet have any known allergies or vaccine reactions? Yes/No Pet Microchipped: Yes / No

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Thank You ☺