

Eastside Animal Hospital

CLIENT/PATIENT INFORMATION

FAX NUMBER: 678 - 985 - 2730

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet. We would appreciate your comments about making our practice better if you would write them in the area at the bottom of this sheet.

Date _____
Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip/P.O. _____ County _____

Cell Phone _____ SS# _____

Home Telephone _____ Work Telephone _____

Fax _____ Email _____

Employer's Name & Address _____

Spouse's /Other's Employer & Address _____

At what time _____ and at what phone number _____ is it best to call about your pet?

In Case Of EMERGENCY, please call _____ at telephone number _____. We will gladly prepare a written estimate if you desire. Please ask the receptionist or Doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If you pay by check or credit card please complete the following:

Personal Check requires Driver's License # & State _____ & DATE of BIRTH _____

Signature _____

How did you hear of the hospital? Please circle one:

Individual Someone we may thank? _____ AAHA referral
Yellow Pages under Location Yellow Pages under Services Other _____

We consider our pet(s): Please circle one of the following:

Part of the family Just as Pets Please add my name to your mailing list

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control if needed for my pet.

Comments:

Eastside Animal Hospital

Animal Medical History (Please complete all information for each pet.)

Owner's Name: _____

	Pet #1	Pet #2	Pet #3
Pet Name/Names			
Species (Cat, Dog, other)			
Breed			
Description (Color)			
Age (Years)			
Date of Birth			
Length of Time Owned			
Male or Female?			
Neutered or Spayed?			
Vitamins (Type)			
Diet (Brand/Kind of Pet Food)			
Type of Grooming Products			
Hours Spent Outside Each Day			
Previous Vet (Name/Phone)			
DHLP (Distemper-Dog)			
Parvovirus (Dog)			
FVRCP (Infection Diseases-Cat)			
Rabies (Dog/Cat) (Date)			
Feline Leukemia Test			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam (Worms-Dog/Cat)			
Dentistry			
Prior Illness			
Prior Surgery			

Pet Origin: (Circle One) Pet Shop Individual (Non-Breeder)

Advertisement Kennel Breeder

Friend Stray Humane Society

Other Information you would like us to know: