



SAN JOAQUIN
— VETERINARY HOSPITAL —

Client/Patient Information

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.

Date _____

Primary Owner's Name _____

Primary Owner's DATE OF BIRTH (Controlled Substance/DEA Required) ____/____/____

Address _____ State _____ Zip Code _____

Home Telephone (____) _____ Cell Phone (____) _____

Do you prefer (circle): CALL / TEXT / EMAIL Call/text which # first? _____

Email Address _____

Spouse/Other Owner's Name _____

2nd Owner's DATE OF BIRTH ____/____/____ Address Only if different from above:

Address _____ State _____ Zip Code _____

Home Telephone (____) _____ Cell Phone (____) _____

Email Address _____

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:

Driver's License Number: _____ State/Province: _____

I will be responsible for a \$75.00 bookkeeping fee if my account is assigned to a third party for collections. Should suit be commenced to enforce the terms of this agreement, the prevailing party shall be entitled to reasonable attorney's fees and the Court of Jurisdiction shall be in

Signature _____ Date _____

Animal Medical History

Please complete all information for each pet.

	Pet #1	Pet #2	Pet #3
Name			
Species (Cat, Dog, Other)			
Breed			
Description (color)			
Age (Years)			
Date of Birth			
Sex			
Length of Time Owned			
Altered or Spayed			
Diet			
VACCINATIONS			
DHLP (distemper-dog)			
Parvovirus (dog)			
FVRCP (infectious diseases-cat)			
Rabies (dog/cat)			
Feline Leukemia (cat)			
Heartworm Test			
Heartworm Prevention			
Feline Leukemia Test			
Fecal Exam (worms-dog/cat)			
Dentistry			
Prior Illness			
Prior Surgery			

Pet Origin

- Humane Society
- Friend
- Pet Shop
- Stray
- Kennel
- Individual (non-breeder)
- Advertisement