

# PATIENT/CLIENT INFORMATION

Please Print Clearly

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
 Local Street Address \_\_\_\_\_  
 Local Mailing Address **P. O. Box #** \_\_\_\_\_  
 Local Home Telephone \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Other/Permanent Street Address \_\_\_\_\_  
 Other/Permanent Mailing Address \_\_\_\_\_  
 Other/Permanent Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
 Employer's Name & Address \_\_\_\_\_  
 Work Telephone \_\_\_\_\_ e-mail \_\_\_\_\_  
 At what time \_\_\_\_\_ and at what phone number \_\_\_\_\_ is it best to call about your pet?  
 In case of **emergency**, please call \_\_\_\_\_ at phone number \_\_\_\_\_

## ANIMAL MEDICAL HISTORY:

	PET #1	PET #2	PET #3	PET #4
Name				
Species (cat,dog)				
Breed				
Color				
Birth Date				
Age				
Length of time owned				
Sex				
Altered or Spayed				
Vitamins				
Brand of Pet Food				
Hours Spent Outside				
Pet Origin				
Prior Surgery				
Prior Illness				
Heartworm				
<b>Vaccinations</b>	<b>Dates given:</b>			
DHLP distemper-dogs				
Paravovirus				
FVRC infectious cat				
Rabies				
Feline Leukemia Test				
Other Vaccines				

Who may we thank for recommending The Animal Hospital of Crested Butte? \_\_\_\_\_

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

If you pay by check, please include the following:

Driver's License: State/Prov. \_\_\_\_\_ Driver's License Number \_\_\_\_\_

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature \_\_\_\_\_ Date \_\_\_\_\_