

Randall Road Animal Hospital

CLIENT 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 share important information which we will need as we provide your pet's health care today and in the future. Please fill out the following information for our files. All information is kept in strict confidence. Also, if there are any future changes, please let us know immediately so we can keep our information current.

Thank You!

Owner's Name _____
LAST
FIRST
SPOUSE/OTHER

Address _____
CITY
STATE
ZIP

Home Phone _____ Work Phone _____ Cell Phone _____

Please fill out for all your pets	#1	#2	#3
Pet's Name			
Species (cat, dog, other)			
Breed			
Description (Color/Markings)			
Age/Date of Birth			
Sex			
Spayed/Neutered			
Microchip Number			
VACCINATIONS	<i>Please write down the dates the vaccines were given.</i>		
DHLPP—Distemper/Parvo (dog)			
Corona (dog)			
Bordetella—Kennel Cough (dog)			
Lyme (dog)			
Rabies (dog/cat) 1 yr./ 3 yr.			
FVRCP—Infectious Diseases (cat)			
FELV—Feline Leukemia (cat)			
FIP—Feline Infectious Peritonitis (cat)			
Heartworm Test (dog)			
Heartworm Prevention? (dog)			
FELV Test or FIV Test? (cat)			
Fecal Test (stool exam for worms)			
Medical History—Prior Illness/Surgery:			

HOW DID YOU HEAR ABOUT OUR PRACTICE?

- Individual, someone we may thank? _____
- Yellow Pages Hospital Sign Mailing Other _____

Do you qualify for our Senior Citizen Discount? (age 60 or older) Yes No

PAYMENT POLICY

Please feel free to ask the price of any services you desire before they are rendered. All payments are due at the time of services, as we do not have a billing system and cannot extend credit. We accept cash, checks, Visa and MasterCard. A deposit is requested on all hospitalized patients other than elective surgery.

Signature _____ Date _____