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 |
| Primary Phone | Alt Phone | | Email | | |
| McHenry, Kane, Lake or other | | | | | |
| 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 | Please write down | the dates the vac | cines were giv | ren. | |
| 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 | | | | | |
| 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 P | PRACTICE? | | | | |
| ☐ Individual, someone we may thank? | | | | | |
| ☐ Yellow Pages ☐ Hospital Sign | ☐ Mailing ☐ | Other | | | |
| Do you qualify for our Senior Citizen Di | scount? (age 60 or older) | Yes ☐ No | D.O.B | | |
| Please feel free to ask the price of any not have a billing system and cannot hospitalized patients other than elective | services you desire befor extend credit. We accept | | | | |
| Signature | | Date | | | |