



## Patient / Client Information Form

Thank you for giving us this opportunity to care for your pet. Please help us meet your needs and the needs of your pet better by taking a moment to complete both sides of this information sheet.

### CLIENT INFORMATION

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Spouse/Co-Owner: \_\_\_\_\_

Address:(Same)please circle: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### How did you become aware of Eastside Animal Center?

Phone Book ☐ Hospital Sign ☐ Radio ☐ Internet ☐ Newspaper ☐ Other ☐ \_\_\_\_\_

Personal Recommendation ☐ Whom may we thank? \_\_\_\_\_

### PAYMENT

**All Professional fees are due at the time services are rendered.**

We will prepare a written estimate if you desire. Please ask a member of our healthcare team. For your convenience we take Personal Checks, Visa, Mastercard, Discover, Debit Card, and Cash.

Signature of client responsible for pet(s) \_\_\_\_\_

Date: \_\_\_\_\_

“Caring is our Business”

# PATIENT INFORMATION

|                            | Pet 1                                 | Pet 2          | Pet 3          |
|----------------------------|---------------------------------------|----------------|----------------|
| Name                       |                                       |                |                |
| Breed                      |                                       |                |                |
| Date of Birth              |                                       |                |                |
| Color                      |                                       |                |                |
| Sex                        | Female or Male                        | Female or Male | Female or Male |
| Spayed or Neutered?        | Yes or No                             | Yes or No      | Yes or No      |
| Current Diet               |                                       |                |                |
| Vaccination History--Dog   | Vaccine Dates--When last Administered |                |                |
| Rabies                     |                                       |                |                |
| DHPP--Distemper            |                                       |                |                |
| Corona                     |                                       |                |                |
| Bordetella--Kennel Cough   |                                       |                |                |
| Lyme Disease               |                                       |                |                |
| Heartworm Test             |                                       |                |                |
| Fecal(Stool Sample)        |                                       |                |                |
| Dewormed                   |                                       |                |                |
| Other                      |                                       |                |                |
| Other                      |                                       |                |                |
|                            |                                       |                |                |
| Vaccination History--Cat   | Vaccine Dates--When last Administered |                |                |
| Rabies                     |                                       |                |                |
| FVRCP--Distemper           |                                       |                |                |
| Feline Leukemia & FIV Test |                                       |                |                |
| Feline Leukemia Vacc.      |                                       |                |                |
| Fecal(Stool Sample)        |                                       |                |                |
| Deworming                  |                                       |                |                |
| Other                      |                                       |                |                |
| Other                      |                                       |                |                |

Any previous serious illness or surgeries?\_\_\_\_\_

Any allergies to vaccinations or medications?\_\_\_\_\_

Is your pet on any medication?\_\_\_\_\_

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