

Methuen Veterinary Hospital
PATIENT/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 complete BOTH pages of this information sheet.

Date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouses/Other Work Phone _____ Cell Phone _____

Employer's Name and Address _____

Spouses/Other's Employer and Address _____

In case of emergency, please call _____ at telephone # _____

****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.**

E-mail address _____

How did you hear about our hospital?

_____ Individual _____ Internet search _____ Yellow Pages _____ Other _____

We consider our pets _____ Part of the Family _____ Just as Pets

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON VACCINATIONS. I authorize the Doctor to provide vaccines as needed for my pet.

Signature

Comments: _____

Please fill out information on reverse side

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			
Vitamins (type)			
Diet (kind of pet food)			
Type of grooming products			
Hours spent outside each day			
VACCINATIONS			
DA2PPV+L			
FVRCP			
Rabies (Cat/Dog)			
Feline Leukemia Test			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam (worms)			
Dentistry			
Prior Illness			
Prior Surgery			

PET ORIGIN: Humane Society Pet Kennel

Advertisement Friend Stray Individual (non-breeder)

AMERICAN ANIMAL HOSPITAL ASSOCIATION