

Carter Animal Hospital



Client Information

Date: _____

Name: _____ Spouse/Partner: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____ Work Phone: _____

Emergency Contact Name/Phone #: _____

Email Address: _____

How did you hear about our clinic?

Drove by Yellow Pages Previous Client Other _____

Personal Recommendation (Whom may we thank?): _____

| Pet Information | Pet #1 | Pet #2 | Pet #3 |
|------------------------|---------------|---------------|---------------|
| Name | | | |
| Breed | | | |
| Date of Birth/Age | | | |
| Color | | | |
| Sex: spayed/neutered? | | | |

Vaccination History

| | | | |
|-----------------------|--|--|--|
| Rabies | | | |
| DHLPP (dog) | | | |
| Bordetella (dog) | | | |
| Feline Leukemia (cat) | | | |
| FVRCP (cat) | | | |
| Fecal | | | |
| Heartworm Test | | | |

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required.

Signature of Owner: _____ Date: _____