



Date \_\_\_\_\_

### Patient & Client Information Sheet

**WELCOME!** Thank you for giving us the opportunity to care for your family pet. So that we may become better acquainted, please complete the following:

(Please circle one) Mr. Mrs. Miss Ms. Dr.

Name: \_\_\_\_\_  
Last & First Name

Spouse/Other: \_\_\_\_\_  
Last & First Name

Home Address: \_\_\_\_\_  
Street City State Zip Code

Preferred Contact Method: (Please circle your first choice):    Home phone #    Cell Phone#    E-mail

Home Phone #: (    ) \_\_\_\_\_    Cell Phone #: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Work #: (    ) \_\_\_\_\_    Spouse's Cell Phone #: (    ) \_\_\_\_\_

Do you give permission for us to use photos of your pet on social media?    Yes\_\_\_ No\_\_\_

**Professional fees are due at the time services are rendered. Payment methods: Cash, VISA, MasterCard, Discover, AMEX or Care Credit. We do not accept personal checks on your first visit. Thank you!**

Driver's License #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**How did you first hear of VetSelect Animal Hospital?**

\_\_\_ Yellow Pages    \_\_\_ Hospital Signage    \_\_\_ Internet    \_\_\_ veterinarians.com website    \_\_\_ Advertising

\_\_\_ Personal Recommendation: \_\_\_\_\_    \_\_\_ Other: \_\_\_\_\_  
(First & Last Name of the person who referred you)

**Information about your pet/s** (Please fill in the following for each of your pets)

	Companion 1	Companion 2	Companion 3
Name			
Species (Dog, Cat, etc.)			
Breed			
Description			
Date of Birth			
Sex			
Spayed/Neutered			

Where can we obtain previous medical history? \_\_\_\_\_