



# AFFTON VETERINARY CLINIC

## PATIENT/CLIENT INFORMATION

**Welcome to Affton Veterinary Clinic. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by completing both sides of the information sheet.**

Your Name/Title \_\_\_\_\_ Spouse/other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best Telephone Contact Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Your Email Address \_\_\_\_\_ Spouse/Other Email \_\_\_\_\_

Your Employer \_\_\_\_\_ Employer Telephone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Employer Telephone \_\_\_\_\_

Your Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ (if you will wish to pay by check)

In case of EMERGENCY, please call \_\_\_\_\_ @ Telephone \_\_\_\_\_

How do you prefer to be notified of reminders? Phone message \_\_\_\_\_ Email \_\_\_\_\_ Post Card \_\_\_\_\_

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign                  Direct Mail Brochure                  Yellow Pages Ad                  Newspaper                  AAHA

Referral                  Referred by \_\_\_\_\_

How do you consider your pet?                  As part of your family                    Just a pet

**AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.**

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED TO THE HOSPITAL.**

**We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard and Discover Card. We charge \$25.00 fee for returned checks.**

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

*Please List Individual Pet Information On The Back Of This Form*

## ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
<b>Name</b>			
<b>Species/Type</b>			
<b>Breed</b>			
<b>Description/color</b>			
<b>Age</b>			
<b>Date of Birth</b>			
<b>Sex/Neutered?</b>			
<b>Length of Time Owned</b>			
<b>How Obtained?</b>			
<b>Previous Hospital/Vet</b>			
<b>Microchip #</b>			
<b>Vaccination Dates</b>			
DHPP			
Bordetella			
Rabies			
FVRCP			
FELV			
<b>Any Other Vaccines?</b>			
<b>Groomer</b>			
<b>Kennel</b>			
<b>Current Medications</b>			
<b>Special Diet</b>			
<b>Prior Illness/Accidents</b>			
<b>Prior Surgery/Dentistry</b>			

Any Other Details

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We are collecting information on breeders to refer to clients that ask. Please let us know if you would recommend your pet's breeder, their name, phone number and where located:

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Please tell us any other information we should have to best assist you and your pets.

Wel \_\_\_ TY \_\_\_ VacAdd \_\_\_ Cont \_\_\_ DL/SS \_\_\_ Sig \_\_\_ Policy \_\_\_ Remind \_\_\_