



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

Any Other Details

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:

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 ___