

**VETERINARY ASSOCIATES STONEFIELD
PATIENT/CLIENT INFORMATION**

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name _____ Spouse/Other _____

Address _____ City/State/Zip _____

Home phone # _____ Work phone # _____

Owner's SSN _____ Spouse/Other SSN _____

Employer's name/address _____

Spouse's/Other's Employer's name/address _____

At what time _____ and at what phone # _____ is it best to call about your pet?

In case of EMERGENCY, call _____ at phone # _____

E-Mail address: _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____ Driver's License # _____

Preferred Method of Payment: Cash Check Credit Card

Name of previous/current Veterinarian: _____

How did you hear of our hospital? Please choose one.

- Individual, someone we may thank? _____
- Previous client? Their name. _____
- Yellow pages or another telephone directory?
- Hospital sign?
- Another hospital? If so, which one? _____
- Other, please state: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on next page. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signature _____ Date _____

Please fill out for **all** your pets

#1

#2

#3

Pet's Name			
Species			
Breed			
Description (color)			
Age or Date of Birth			
Sex			
Altered or Spayed			
Diet (name of your pet food)			
Vitamins or Treats (given regularly)			
Shampoo/Flea Products used			
Hours spent outside each day			
Vaccinations	Please write down the dates the vaccines were given.		
DHLPP (Distemper/Parvo-dogs)			
Corona (dogs)			
Bordatella (Kennel Cough-dogs)			
Lyme (dogs)			
Rabies (dogs/cats)			
FVRCP (Infectious Diseases-cats)			
FELV (Feline Leukemia-cats)			
Other vaccines – Please list			
Heartworm test (dogs)			
Heartworm prevention? (dogs)			
FELV Test or FIV test? (cats)			
Fecal test (stool exam for worms)			
Dentistry (date work was done)			
Geriatric health screen			
Medical History – Prior illness/Surgery			
Thank you!			