

**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 _____

EXOTIC PATIENT HISTORY

Pet's name _____

Bird _____ Mammal _____ Reptile _____ Other _____

Breed _____ Birth Date _____ Sex _____

How long has the patient been ill? _____

Are there any other animals at home? _____

If so, what type? _____

Are they showing any signs of illness? _____

Have any animals died? _____ Have any medicines been used? _____

If so, what kinds? _____

Has the patient been seen by another veterinarian? _____

If so, by whom, date last seen, and what for? _____

What food is used on a daily basis? _____

What type of water is used? _____

How often are food and water bowls changed and disinfected? _____

Where did the patient come from? _____

How long has the patient been in its present environment? _____

When was the last molt? _____

Have any pesticides or poisonous products been used around the cage? _____

If so, what? _____

Is the bird housed in a cage, allowed to free flight within house, or housed in flight pen? _____

Have you seen any personality/behavioral changes? _____

Is there any other information that we may find helpful in treating your pet? _____

What is the nature of your visit? _____