



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 check off 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? _____