



# **Paws and Claws Medical Center**

## **PATIENT/CLIENT INFORMATION**

**Welcome to Paws and Claws Medical Center. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.**

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

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

Home Telephone \_\_\_\_\_ Your Work Telephone \_\_\_\_\_

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.**

**We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard and Discover Card.  
We charge \$20. 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>Cat or Dog?</b>			
<b>Breed</b>			
<b>Description/color</b>			
<b>Age</b>			
<b>Date of Birth</b>			
<b>Sex/Altered?</b>			
<b>Length of Time Owned</b>			
<b>How Obtained?</b>			
<b>Previous Hospital/Vet</b>			
<b>Microchip #</b>			
<b>Vaccinations</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>			

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 of any other information we should have to best assist you and your pets.

Wel\_\_\_ TY\_\_\_ Phy Add\_\_\_ Email\_\_\_ DL\_\_\_ Sig\_\_\_ Policy\_\_\_ Remind\_\_\_ Emp\_\_\_



