



## PATIENT / CLIENT INFORMATION

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

Owners Name	Spouse/Other
Address	Phone (    )
City	Zip Code                      County
E-Mail	

Employer		
Address		
City	Zip Code	Phone (    )

At what time and at what phone number is best to call about your pet?	
Time?	Phone

<p>We will gladly prepare an estimate if you desire. Please ask the receptionist or Doctor.  <b>PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.</b> If you plan to pay by check, please complete the following:</p>		
Drivers license number	State	Expiration date

How did you first hear about our hospital?	
Referral from:	
Individual	Yellow Pages
Groomer	Hospital Sign
Boarding Kennel	Other
Someone we may thank?	

**For your safety and your pet's health, the Animal Medical Clinic of St. Charles requires that all patients needing hospitalization be current on all vaccinations and free of internal and external parasites. We will notify you prior to hospitalization if any treatment is required.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ANIMAL MEDICAL HISTORY**  
Please complete ALL information for each pet

<b>PET INFORMATION</b>	<b>PET # 1</b>	<b>PET # 2</b>	<b>PET # 3</b>
<b>Name</b>			
<b>Species (dog, cat)</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Age</b>			
<b>Date of birth</b>			
<b>Sex</b>			
<b>Neutered or Spayed</b>			
<b>Length of time owned</b>			
<b>MEDICAL HISTORY</b>	<b>Provide date of last:</b>		
<b>Canine</b>			
<b>Rabies</b>			
<b>Distemper</b>			
<b>Heartworm test</b>			
<b>Heartworm prevention</b>			
<b>Feline</b>			
<b>Rabies</b>			
<b>Distemper</b>			
<b>Leukemia</b>			
<b>Leukemia test</b>			
<b>GENERAL HEALTH</b>			
<b>Diet</b>			
<b>Vitamins</b>			
<b>Prior surgery / Dentistry</b>			
<b>Pet origin: (breeder, shelter, stray)</b>			
<b>Comments:</b>			