

MEDFORD ANIMAL HOSPITAL

619 Market St., Medford, OR, 97504 - 541-772-2222

www.medfordanimalhospital.com

PATIENT AND CLIENT INFORMATION SHEET

Thank you for choosing MEDFORD ANIMAL HOSPITAL to care for your pet.

Please provide the following information so we can better assist you and your pet.

OWNER'S NAME: _____ SPOUSE : _____

ADDRESS: _____ CITY/ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

EMPLOYER: _____ WORK PHONE: _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

Yellow Pages _____ Drive by _____ Channel 10 Pet Doctor _____ Internet _____ Website _____

Personal Recommendation - *Who may we thank?* _____

PREVIOUS VETERINARIAN: _____

PET INFORMATION

Pet Name: _____ Date of birth/Age: _____

Species (dog/cat/other) _____ Breed: _____

Sex: _____ Spayed or Neutered: _____

Medical history: prior illness, surgeries: _____

Does your pet have any allergies? _____

ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED. NO EXCEPTIONS.

I certify that all information provided is true to the best of my knowledge.

Signature _____ Date _____