

## Medford Animal Hospital Client Information

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Alt. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you become aware of our hospital?

Internet: \_\_\_\_\_ Yellow Pages: \_\_\_\_\_ Other: \_\_\_\_\_

Referred by? (Whom may we thank.): \_\_\_\_\_

### Patient Information

	Pet #1	Pet #2	Pet #3
Name	_____	_____	_____
Dog or Cat?	_____	_____	_____
Breed	_____	_____	_____
Date of Birth	_____	_____	_____
Color/Markings	_____	_____	_____
Sex	Female / Male	Female / Male	Female / Male
Spayed/Neutered	Yes / No	Yes / No	Yes / No
Is your pet current on their vaccinations (circle one)?		YES	NO
Any previous illness or surgeries?	_____		
Any allergies to vaccinations or medications?	_____		
Is your pet on any special diets or medications?	_____		
Is your dog current on heartworm preventative (circle one)?		YES	NO
Previous Veterinarian (for record transfer):	_____		
Is your cat (circle one):	Indoor Only	Outdoor Only	Both

### ALL FEES ARE DUE AT THE TIME OF SERVICE

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_