

☐ New

☐ Referral

☐ Update

## ARK VALLEY ANIMAL HOSPITAL PLLC

### Client Information Sheet

Thank you for giving Ark Valley Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Owner(s) \_\_\_\_\_  
Last First Initial DOB \_\_\_\_\_ SS# \_\_\_\_\_

Spouse's \_\_\_\_\_  
Last First Initial DOB \_\_\_\_\_ SS# \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Nearest relative/person to call in an emergency \_\_\_\_\_ Phone: \_\_\_\_\_

If necessary, may we call you at work? ☐ Yes ☐ No Your Spouse? ☐ Yes ☐ No

How did you become aware of our hospital?

☐ Yellow Pages ☐ Hospital Sign ☐ Other \_\_\_\_\_

☐ Personal Recommendation – Who may we thank? \_\_\_\_\_

Do you prefer to be present when your pet is treated? ☐ Yes ☐ No

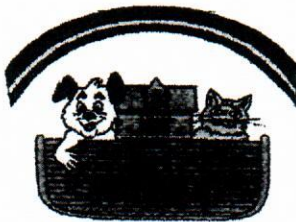
**ALL FEES ARE DUE UPON RELEASE OF PATIENT.** Please indicate your choice of payment.

NO CHECKS

☐ Cash

☐ MasterCard / VISA

**\*\*\*\*PLEASE NOTE: NEW CLIENT CASH OR CREDIT/DEBIT CARD ONLY!**



## PATIENT INFORMATION SHEET

Owner Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species (dog, Cat, Other): \_\_\_\_\_

Breed: \_\_\_\_\_ Description/Color: \_\_\_\_\_

Purebred or Registered? \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Sex: Male Female Altered: Spayed Castrated

PLEASE LIST THE DATE OF YOUR PET'S MOST RECENT VACCINATIONS:

Dog	Cat: Indoor/Outdoor/Both (Circle One)
Parvo/Distemper Combo _____	Distemper _____
Lepto _____	Leukemia _____
Rabies _____	Rabies _____
Kennel Cough _____	FIV _____

Have you heard of heartworm disease? \_\_\_\_\_

Has your cat/dog been heartworm tested? \_\_\_\_\_ Date Tested: \_\_\_\_\_

Is your cat/dog currently on a heartworm preventative? \_\_\_\_\_

If yes, name of preventative: \_\_\_\_\_ Date of last dose \_\_\_\_\_

Has your pet ever had a dental cleaning? \_\_\_\_\_ If yes, when? \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

Is your pet on a special diet or any medications? \_\_\_\_\_

List any known drug allergies: \_\_\_\_\_

Have you ever treated your pet for fleas? \_\_\_\_\_

Flea products used \_\_\_\_\_

Does your pet have a prior medical history we should know about? \_\_\_\_\_

Who may we contact to get your pet's records? \_\_\_\_\_

What is the reason for your pet's visit today? \_\_\_\_\_