

# Client Information

Welcome to Council Veterinary Hospital and thank you for giving us the opportunity to care for your pet(s). Please help us better meet your needs by taking a few moments to complete this information sheet.

Owner's Name: \_\_\_\_\_  
Last Name First Name Spouse Name

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*\*Driver's License:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**(\*\*Required)** Driver's License Number State Expiration Date

Preferred Method of Payment: ( ) Cash ( ) Check ( ) Visa, Mastercard, Discover

How did you hear of our hospital?

- Individual, Someone We May Thank? \_\_\_\_\_
- Yellow Pages, or another telephone directory?
- Hospital Sign?
- Another Hospital? If so, which? \_\_\_\_\_
- Other, please state: \_\_\_\_\_

**PAYMENT POLICY: Payment is due at the time of services rendered. We do not carry open charge accounts. Deposits are required on extended boarding stays, major medical, surgical, and emergency cases. I agree to pay all costs for the collection of unpaid services. I agree to pay with cash, valid check, Visa/MC, or Discover.**

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

## Pet Medical History

<b>Please complete information for all your pets - Thank You!</b>	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
<b>Sex</b>	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications			
Shampoo/Flea Products Used			
<b>Vaccinations</b>	Please note the dates the following vaccines/tests were given		
	Pet #1	Pet #2	Pet #3
<b>DOGS: DHLPP</b> (Distemper/Parvo )			
<b>Bordetella</b>			
<b>Corona</b>			
<b>Rabies</b>			
<b>Other Vaccines</b> - Please Specify			
<b>Heartworm Test?</b> (Dogs)			
<b>CATS: FVRCP</b>			
<b>FELV</b> (Feline Leukemia)			
<b>FIP</b>			
<b>Rabies</b>			
<b>Other Vaccines</b> - Please Specify			
<b>FELV Test or FIV Test?</b> (Cats)			
<b>Stool Exam for Worms</b>			
<b>Dentistry</b>			
<b>Geriatric Health Screen</b>			
<b>Medical History - Prior Illness/Surgery:</b>			