



Client Information Sheet

**** Please fill out completely ****

Date: _____

First Name _____ Last Name _____ M.I. _____ Driver's License # _____

Birthdate _____ **This information is for dispensing controlled substances only.**

Address _____ City _____ Zip Code _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

E-mail _____

Employer _____ Occupation _____

Employer Address _____ City, State, Zip _____

Co-Owner/Spouse Name _____

Co-Owner/Spouse Work Phone(____) _____ - _____ Co-Owner/Spouse Cell Phone(____) _____ - _____

How did you learn of our hospital (please check all that apply) () Recommendation, by whom? _____

() Internet search () Website () Sign () Other _____

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## Pet Health History

Name of Pet #1 \_\_\_\_\_ () Dog () Cat () Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

() Male () Neutered () Female () Spayed Microchip \_\_\_\_\_

Is your pet currently on any medications () Yes () No Please list: \_\_\_\_\_

Has your pet ever had a severe allergic reaction to anesthesia, vaccination, medication or food? \_\_\_\_\_

Vaccination Due Dates: (**Canine**): Rabies \_\_\_\_\_ DHPP \_\_\_\_\_ Lyme \_\_\_\_\_

Corona \_\_\_\_\_ Rattlesnake \_\_\_\_\_ Bordatella \_\_\_\_\_ Lepto \_\_\_\_\_

Heartworm Test \_\_\_\_\_ Fecal Test \_\_\_\_\_

(**Feline**): Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_

Fecal Test \_\_\_\_\_

Name of Pet #2 \_\_\_\_\_ ( )Dog ( )Cat ( )Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

( )Male ( )Neutered ( )Female ( )Spayed Microchip \_\_\_\_\_

Is your pet currently on any medications ( )Yes ( )No Please list: \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever had a severe allergic reaction to anesthesia, vaccination, medication or food? \_\_\_\_\_  
\_\_\_\_\_

Vaccination Due Dates: **(Canine)**: Rabies \_\_\_\_\_ DHPP \_\_\_\_\_ Lyme \_\_\_\_\_

Corona \_\_\_\_\_ Rattlesnake \_\_\_\_\_ Bordatella \_\_\_\_\_ Lepto \_\_\_\_\_

Heartworm Test \_\_\_\_\_ Fecal Test \_\_\_\_\_

**(Feline)**: Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_

Fecal Test \_\_\_\_\_

Name of Pet #3 \_\_\_\_\_ ( )Dog ( )Cat ( )Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

( )Male ( )Neutered ( )Female ( )Spayed Microchip \_\_\_\_\_

Is your pet currently on any medications ( )Yes ( )No Please list: \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever had a severe allergic reaction to anesthesia, vaccination, medication or food? \_\_\_\_\_  
\_\_\_\_\_

Vaccination Due Dates: **(Canine)**: Rabies \_\_\_\_\_ DHPP \_\_\_\_\_ Lyme \_\_\_\_\_

Corona \_\_\_\_\_ Rattlesnake \_\_\_\_\_ Bordatella \_\_\_\_\_ Lepto \_\_\_\_\_

Heartworm Test \_\_\_\_\_ Fecal Test \_\_\_\_\_

**(Feline)**: Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_

Fecal Test \_\_\_\_\_

**Authorization** I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Missouri Flat Pet Clinic has no means to carry balances. We will gladly prepare a written estimate if you desire, please ask your veterinarian.

( )Initial this section if you authorize your records to be released on an as needed basis (i.e. Boarding, Grooming, Speciality Hospitals, Change in Veterinary Hospital, Etc.)

Signature of Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment: ( )Cash ( )Visa ( )Mastercard ( )Check ( ) Care Credit