

# PRAIRIE CREEK VETERINARY HOSPITAL

## Client Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

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

Employer \_\_\_\_\_ DL# \_\_\_\_\_ SS# \_\_\_\_\_  
(required for hospitalized treatment)

Spouse/Co-Owner \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Why Did You Choose Us?  Yellow Pages  Website  Drove By  Referred By: \_\_\_\_\_  
(please provide name)

## Pet Information (please list additional pets on the back of this form)

Name \_\_\_\_\_ Cat  Dog  Other \_\_\_\_\_ Age/Birthdate \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Sex:      Male/Not Neutered      Male/Neutered      Female/Not Spayed      Female/Spayed

Previous veterinarian \_\_\_\_\_  
(name) (clinic) (phone)

Current Medications \_\_\_\_\_

Last Vaccination Canine:      Rabies      Canine Distemper/Parvo      Bordetella      Leptospirosis

Last Vaccination Feline:      Rabies      Feline Distemper/Respiratory Viruses      Leukemia

Date of Vaccinations \_\_\_\_\_

Is your pet currently taking heartworm preventative?      Yes      No      Brand \_\_\_\_\_

Is your pet currently on flea/tick preventative?      Yes      No      Brand \_\_\_\_\_

What do you feed your pet?      Dry/Brand \_\_\_\_\_ Canned/Brand \_\_\_\_\_

Do you feed your pet table scraps?      Yes      No

Reason for this visit \_\_\_\_\_

List any prior illnesses or surgeries \_\_\_\_\_

**Payment is due at the time the services are rendered. Please indicate how you will pay for today's service(s):**

**Cash    Visa    Master Card    AMEX    Discover    Care Credit**

I assume responsibility for all charges incurred in the care of my pet. I understand that these charges will be paid at the time of my pets release and that a deposit may be required for surgical treatment. **We do not offer banking services such as billing, credit, etc.**

Owner or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_  
(signature required)

## Pet #2

Name \_\_\_\_\_ Cat  Dog  Other \_\_\_\_\_ Age/Birthdate \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Sex:    Male/Not Neutered    Male/Neutered    Female/Not Spayed    Female/Spayed

Current Medications \_\_\_\_\_

Last Vaccination Canine:    Rabies    Canine Distemper/Parvo    Bordetella    Leptospirosis

Last Vaccination Feline:    Rabies    Feline Distemper/Respiratory Viruses    Leukemia

Date of Vaccinations \_\_\_\_\_

Is your pet currently taking heartworm preventative?    Yes    No    Brand \_\_\_\_\_

Is your pet currently on flea/tick preventative?    Yes    No    Brand \_\_\_\_\_

What do you feed your pet?    Dry/Brand \_\_\_\_\_ Canned/Brand \_\_\_\_\_

Do you feed your pet table scraps?    Yes    No

List any prior illnesses or surgeries \_\_\_\_\_

## Pet #3

Name \_\_\_\_\_ Cat  Dog  Other \_\_\_\_\_ Age/Birthdate \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Sex:    Male/Not Neutered    Male/Neutered    Female/Not Spayed    Female/Spayed

Current Medications \_\_\_\_\_

Last Vaccination Canine:    Rabies    Canine Distemper/Parvo    Bordetella    Leptospirosis

Last Vaccination Feline:    Rabies    Feline Distemper/Respiratory Viruses    Leukemia

Date of Vaccinations \_\_\_\_\_

Is your pet currently taking heartworm preventative?    Yes    No    Brand \_\_\_\_\_

Is your pet currently on flea/tick preventative?    Yes    No    Brand \_\_\_\_\_

What do you feed your pet?    Dry/Brand \_\_\_\_\_ Canned/Brand \_\_\_\_\_

Do you feed your pet table scraps?    Yes    No

List any prior illnesses or surgeries \_\_\_\_\_