



LAKESIDE PET HOSPITAL

PATIENT AND CLIENT INFORMATION SHEET

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

Mr. _____
Mrs. _____
Ms. _____ Owner's Last Name First Name Middle Int. Cal. Driver's Lic.#
Dr. _____

Address _____
Street City Zip Code

Primary Phone _____ Soc. Sec. # _____

Cell # _____ E-Mail _____ Fax # _____

Employer _____ Phone _____

Address _____
Street City Zip Code

Spouse or Other Responsible _____ Day Phone _____

Employer _____ Phone _____

IF NECESSARY, MAY WE CALL YOU AT WORK? Yes _____ No _____

Has your pet been treated by another Veterinarian? Yes _____ No _____

If yes, NAME _____
Address _____

Would you like us to request medical records? Yes _____ No _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

- YELLOW PAGES HOSPITAL SIGN OTHER
- PERSONAL RECOMMENDATION - WHO MAY WE THANK? _____

NAME

So that we are able to suit your individual needs - which do you feel most applies to you:

Check One.

- (1) I feel that my pet is another member of our family.
- (2) I feel that my pet is just a pet.

Check One.

- (1) I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
- (2) I want good medical care for my pet, but there is a limit to what I am able to have done.
- (3) I want you to perform only the services that I request.

Check One.

- (1) I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
- (2) I would prefer you just summarize what has been done for my pet or what is needed.
- (3) I want my pet healthy, but don't need to know what has been done.

Check One.

- (1) I prefer to be present when my pet is examined and treated.
- (2) I would rather not see my pet examined and treated.

WOULD YOU LIKE US TO KEEP YOU INFORMED ABOUT PROCEDURES TO LENGTHEN YOUR PETS LIFE? YES NO

How old was your pet when you acquired it? _____
 How many hours is your pet outside each day? _____
 What is the best time to reach you at home? _____
 What prior illness or surgery should we know about? _____

All fees are due upon release of patient. Please indicate your choice of payment.

- Cash Check (Drivers License required) MC/VISA

PET INFORMATION (Please fill in the following for each pet.)

	PET 1	PET 2	PET 3
NAME			
SPECIES <small>Cat,Dog,Other</small>			
SEX			
BREED			
COLOR			
DATE OF BIRTH			
ALTERED—DATE			
DATES VACCINATED			
DHLP (Dog)			
CORONA (Dog)			
PARVO (Dog)			
RABIES (Both)			
HEARTWORM TEST			
FECAL CHECK (Worms)			
FVRCP (Cat)			
FELEUK TEST (Cat)			
FELEUK VACCINE			
DENTISTRY			
ON HEARTWORM PREV.?			
DIET?			

Are any of the following a concern to you in your pet's behavior?

- Excessive Barking Biting Shedding Straying from Home House Breaking Smell
 Problem Around Children Excessive Itching/Scratching Wetting/Spraying In House
 Overly Rambunctious/Overly Enthusiastic

Would you be interested in learning how to improve your pet's manners? Yes No

Is your pet currently on a special diet or medication? _____

What health care or grooming products are you currently using? _____

List any known drug allergies. _____

CLIENT'S SIGNATURE

Again, thank you for giving us the opportunity to serve you.