

# ALLIANCE ANIMAL CLINIC

## NEW PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us get to know you and your pet better by filling out both sides of this information sheet.

TODAY'S DATE \_\_\_\_\_ E-mail Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Children (first name and ages) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Best time to call? \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

In case of an emergency, who may we call and what number? \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

How will you be paying today?    Cash    Check    Credit Card

How did you first hear of our hospital? Is there someone we can thank? \_\_\_\_\_

How do you consider your pet(s)?    as part of the family    as pets

Would you like your name to be added to our mailing list?    Yes    No

To prevent the spread of infectious diseases and parasites, we recommend that hospitalized and boarded animals are current on all vaccinations and free of internal and external parasites. **I authorize the doctor to provide vaccinations and parasite control as needed for my pet.**

Signature \_\_\_\_\_

### YOUR PET'S MEDICAL HISTORY

To help us care for your pet(s) properly, please tell us about your pet(s). If you know your pet(s) has had any of the following vaccination, tests, or treatments please let us know the last time your pet(s) was treated.

**Pet #1**

Name \_\_\_\_\_ Species (dog, cat, etc.) \_\_\_\_\_

Breed \_\_\_\_\_ Description (color) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (years) \_\_\_\_\_ Length of time owned \_\_\_\_\_

Sex \_\_\_\_\_ Spayed or Neutered \_\_\_\_\_ Diet \_\_\_\_\_ Vitamins \_\_\_\_\_

Type of Grooming Products \_\_\_\_\_ Hours spent outside each day \_\_\_\_\_

Pet's Origin: Humane Society    Pet Shop    Kennel    Advertisement    Friend    Stray    Individual (nonbreeder)

Did you get this pet as an adult or as a puppy or kitten? \_\_\_\_\_

**VACCINATIONS:**

Canine: Distemper \_\_\_\_\_ Feline: Distemper \_\_\_\_\_

Corona \_\_\_\_\_ FeLV \_\_\_\_\_

Parvovirus \_\_\_\_\_ Rabies \_\_\_\_\_

Bordetella \_\_\_\_\_ Leukemia Test \_\_\_\_\_

Rabies \_\_\_\_\_

Lyme Disease \_\_\_\_\_ Adverse reactions to vaccination:    Y    N

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

Heartworm Prevention \_\_\_\_\_

Has your pet had a FECAL EXAM done?    No    Yes    Results: \_\_\_\_\_

Has your pet had any DENTISTRY performed?    No    Yes:    Type \_\_\_\_\_

Prior Illness: \_\_\_\_\_

Prior Surgery: \_\_\_\_\_