

# Welcome to Caring Hearts Veterinary Clinic

Dr. Gerri Wilhelm-Fraizer, DVM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted with you and your pet(s), please complete the following information. We appreciate your trust in us to provide care for the health of your pet(s).

## Client Information

Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Email \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

**Pet(s) Information:**     Canine     Feline

Pet Name \_\_\_\_\_

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

Sex \_\_\_\_\_     Spayed     Neutered

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies/pre-existing health concerns/special diet/medicines  
\_\_\_\_\_  
\_\_\_\_\_

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Pet Name \_\_\_\_\_

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

Sex \_\_\_\_\_     Spayed     Neutered

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies/pre-existing health concerns/special diet/medicines  
\_\_\_\_\_  
\_\_\_\_\_

## Vaccination Dates/Information: Canine

Rabies \_\_\_\_\_ DHPP \_\_\_\_\_

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

Current on Heartworm Prevention?     Yes or     No

## Vaccination Dates/Information: Feline

Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_

Leukemia \_\_\_\_\_

## Policy, Payment and General Information:

How did you hear about our clinic? Internet \_\_\_\_\_ Referred by \_\_\_\_\_ Drive by \_\_\_\_\_

Live Close \_\_\_ Phonebook \_\_\_\_\_ Newspaper \_\_\_\_\_ Radio \_\_\_ TV \_\_\_\_\_ Other/What? \_\_\_\_\_

If your pet(s) are here for boarding, grooming or surgery, we require that they must be current on all age appropriate vaccinations and are free of internal and external parasites. **If they are not**, I will authorize Caring Hearts Veterinary Clinic to provide vaccines and parasite control as needed prior to or during the pet(s) stay here with us.

**ALL payments are due at the times services are rendered.** We accept cash, checks & credit cards (Visa, Master Card & Discover)    *How will you be paying for our services today?*     Cash     Credit Card     Check

**By signing below, you agree that you have read the above statements and agree to the terms therein.**

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