

Ridgewood Veterinary Hospital

PATIENT/ CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date: _____

Owner's Name _____ Spouse/Other _____

Children (first names & ages) _____

Address _____ City _____ State/Prov _____ Zip/PC _____

Home Telephone _____ Work Telephone _____

Email Address _____

Employer's Name & Address _____

Spouse's/ Other Employer & Address _____

At what time _____ and what phone number _____ is it best to call about your pet?

In case of EMERGENCY, please call _____ at telephone number _____.

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If you pay by check or credit card, please complete the following (if state law allows):

Personal Check _____ Driver's license: State/Prov _____ Number _____

Social Security Number _____

Credit Card Type _____ Acct. Number _____ Expiration Date _____

Signature _____

How did you hear about our hospital? Location: _____ AAHA referral

Individual; someone we may thank? _____ Hospital Sign

Yellow Pages for location _____ Yellow Pages for service(s) _____

Another Veterinarian: _____ Pet Store: _____

Other: _____

We consider our pet(s) Part of the family Just as pets

TO PREVENT THE SPREAD OF INFECTIOUS DISEASS AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINE AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet. _____

Comments: _____

ANIMAL MEDICAL HISTORY
(PLEASE COMPLETE ALL INFORMATION FOR EACH PET)

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Length of Time Owned			
Altered or Spayed			
Vitamins (type)			
Diet (kind of pet food)			
Type of Grooming Products			
Hours Spent Outside Each Day			
VACCINATIONS			
DHLP			
Parvovirus			
FVRPCP			
Rabies			
Feline Leukemia Test			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exams			
Dentistry			
Prior Illness			
Prior Surgery			

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