

 **Welcome** 

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Date _____

Owner's Name _____ Spouse/Other _____

Children (first names & ages) _____

Address _____
City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell Telephone _____ E-Mail _____

Driver's License # _____

Employer's Name and Address _____

Spouse's/Other's Employer & Address _____

In case of EMERGENCY, and the above can not be reached, please call _____ at telephone number _____ (cell home work)

How did you first hear of my practice?

- Individual; someone I may thank _____
- Internet • Yellow Pages

We consider our pet(s) • part of the family • just as pets

Payment

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.
ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.
Thank you for giving us the opportunity to care for your pet.

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

Signature of client responsible for pet(s) _____ Date _____

Chase Oaks Animal Clinic
 141 W. Spring Creek Pkwy, Suite 415
 Plano, TX 75023
 972-517-1970



Pet Information



| | PET #1 | PET # 2 | PET #3 |
|------------------------------|--------|---------|--------|
| Name | | | |
| Species (cat, dog, other) | | | |
| Breed | | | |
| Description (color) | | | |
| Age | | | |
| Date of Birth | | | |
| Sex | | | |
| Length of Time Owned | | | |
| Altered or Spayed | | | |
| Diet (kind of pet food) | | | |
| Hours Spent Outside Each Day | | | |
| VACCINATIONS | | | |
| DHP (distemper-dog) | | | |
| Parvovirus (dog) | | | |
| FVRCP (cat) | | | |
| Rabies (dog/cat) | | | |
| Feline Leukemia Test | | | |
| Other Vaccines | | | |
| Heartworm Test | | | |
| Heartworm Prevention | | | |
| Fecal Exam (worms-dog/cat) | | | |
| Prior Illness | | | |
| Prior Surgery | | | |

PET ORIGIN: Shelter/Rescue Pet Shop Friend Stray Breeder