

Date _____



File # _____

The staff of Veterinary Medical Center thank you for the opportunity to provide veterinary care for your pet family members. Please take a few moments to fill out this form as completely as possible.

CLIENT INFORMATION

Last Name:		First Name:	
Street:		City:	State: Zip:
Phones: Home#:	Work#:	Cell #:	

SPOUSE / CONTACT #2 INFORMATION

Name:	Relationship:
Work #:	Cell #:

We send your pet's reminders by email which will also allow you to access your pet's health information through pet portals. If you are unable to access email, please alert our staff.

Email Address: _____

PET'S INFORMATION

Name	Species	Birthday	Age	Breed	Color	Sex
			Y			
			Y			
			Y			

Pertinent Pet Questions Pet's last annual vaccinations? Date: _____ Location: _____

Pet's eating habits. What kind of food?: _____ How Often: _____

What quantity of food?: _____ What time: _____

Is your pet currently on HEARTWORM PREVENTATIVE: _____ FLEA PREVENTATIVE: _____

Is your pet on any other medication? _____

What was the reason you chose Veterinary Medical Center of Spring: _____

Location/Drive by _____ Phone Book (Which one?) _____

Ad (where?) _____ Referred by: _____

I authorize Veterinary Medical Center of Spring to release information concerning my pet(s) vaccination dates and annual lab results (heartworm & fecal parasite tests) to kennels, groomers, and other veterinary clinics. I understand that this is done as a convenience to me and that this is the only information that will be released without written consent at the time of the request.

Signature: _____

Date: _____