

PATIENT RECORD

Welcome to our Hospital. So that we can become better acquainted, please complete the following

Date: _____

Client Information	Last Name _____		
	First Name _____		
Address _____	City _____		
State _____	Zip _____	Mobile Phone _____	
Home Phone _____	Business Phone _____		
D. L. # _____	E-mail _____		
Date of Birth _____	D.L.# Exp. Date _____	Spouse Bus. Phpne _____	Ext. _____
Spouse D. L. # _____			

How did you choose our hospital?: Please check

- Referred by other veterinarian: Who: _____
- Yellow Pages Which phone book: Dallas Carrollton Metrocrest Other _____
- Personal Recommendation: Who may we thank: _____
- Internet _____ Other _____

Pet Information	Animal's Name _____			<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
Breed _____	Sex (M)ale (F)emale (S)payed (N)eutered	Microchip ID <input type="checkbox"/> Yes <input type="checkbox"/> No			
Color _____	Birthday (mm/yy) _____	Weight (lb./oz.) _____			
Breeding Services <input type="checkbox"/> Yes <input type="checkbox"/> No		Pet Insurance <input type="checkbox"/> Yes _____ <input type="checkbox"/> No			

DATE OF LAST IMMUNIZATION

	DHP-CPV	RABIES	BORDETELLA			FVR-CP	RABIES	LEUKEMIA
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Dos your pet have any known allergies?	Yes	No;	If yes, what? _____
Is your pet presently on any medication	Yes	No;	If yes, what? _____
Has your pet had any medical/surgical problems or procedures?	Yes	No;	If yes, what, when & where _____

It is our policy to provide you with an estimate of charges for any case where in-hospital treatment surgery, or hospitalization will be provided. A deposit prior to treatment may be required depending on the estimate.

Bent Tree Animal Hospital has my permission to give out vaccination information to kennels, groomers, any city facility or other facility calling to verify vaccination information. I understand I must sign a transfer of records document to have my pet's chart copied and given out to anyone. _____ Signature of owner