

St. Charles Animal Hospital Harvest Plaza Animal Hospital



WELCOME TO OUR CLINIC

We are glad to have the opportunity to care for your pet. To ensure your pet gets the best care we can offer; please fill out the form completely.

Client Information

Full Name _____ Spouse's Name _____
Driver's License # _____ Spouse's Driver's License # _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Address _____
Spouse's Employer _____ Cell Phone _____ Work Phone _____
Email _____ Are you eligible for Senior Citizen Discount?(65 or older) _____

Pet Information

Pet #1
Name _____
Birthdate _____
Breed _____
Sex _____ Spayed / Neutered
Color _____

Pet #2
Name _____
Birthdate _____
Breed _____
Sex _____ Spayed / Neutered
Color _____

Canine (check all that pet has received)

Dhpp _____ Date _____
PI/Bordatella _____ Date _____
Rabies 1 yr _____ 3 yr _____ Date _____
Parvo _____ Date _____
Corona _____ Date _____
Heartworm Testing _____ Date _____
Fecal Analysis _____ Date _____

Feline (check all that pet has received)

Ent/Fvrpc _____ Date _____
Rabies 1 yr _____ 3 yr _____ Date _____
Leukemia _____ Date _____
Fecal Analysis _____ Date _____
Feline Leukemia Testing _____ Date _____

What is your pet's present medical problem (s)? _____
Is your pet currently on special food or medication (s)? _____
List any previous problems/drug allergies: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.
I assume responsibility for all charges incurred in the care of the animal.
I also understand that all professional fees are due at the time services are rendered.

Signature of responsible party _____ Date _____