



**Client Information**

*Thank you for giving us the opportunity to serve you and care for your pet(s). Please help us meet your needs by taking a moment to complete the following:*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Phone numbers:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Pager: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

How did you hear about Pfister Animal Hospital?

Referral:  - whom may we thank? \_\_\_\_\_

Hospital sign:  Phone book:  Welcome Letter

Other: \_\_\_\_\_

I  prefer  do not prefer to be present when my pet is examined.

**Patient information**

Pet's name: \_\_\_\_\_ Birthdate/age: \_\_\_\_\_

Species:  Canine  Feline  Other Breed: \_\_\_\_\_

Description/color: \_\_\_\_\_

Sex:  Male  Female Has this pet been spayed/neutered?  Yes  No

Is your pet on heartworm prevention?  Yes  No If yes, which kind? \_\_\_\_\_

Is your pet on flea and/or tick prevention?  Yes  No If yes, which kind? \_\_\_\_\_

Please describe any illnesses your pet has had: \_\_\_\_\_

Please describe any prior surgeries your pet has had: \_\_\_\_\_

Please explain anything about your pet's personality that you feel we should know: \_\_\_\_\_

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.  
We will gladly provide a written estimate if you desire. Please ask the doctor or assistant.**

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**Client Signature**