



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: _____	Other: _____

E-mail Address: _____ Employer: _____

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

Patient Information

Pets 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/Tick Prevention? Yes No If yes, which kind? _____

Please describe any illness your pet has had : _____

Please describe any prior surgeries your pet has had: _____

Please explain anything about your pets personality that you feel we should know: _____

<p>PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. <i>We will gladly provide a written estimate if you desire. Please ask the doctor or technician.</i></p> <p>_____</p> <p>Client Signature</p>
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