

Waukee-Clive Veterinary Clinic

Client/Patient Information

Thank you for this opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both pages of this information sheet.

INFORMATION IN BOLD IS REQUIRED.

Last Name: _____ **First Name:** _____ **Spouse Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Spouse Cell Phone: _____ **Email:** _____

In case of an Emergency, call: _____ **at phone #:** _____

Employer: _____

Name of Current/Previous Veterinarian: _____

How did you hear about our clinic?

- () Friend, family, co-worker? Someone We May Thank with a referral gift?
(Please provide name) _____
- () Facebook, Twitter (social media)
- () Yellow Pages, or another telephone directory?
- () Hospital Sign/Drive by?
- () Website?
- () ARL/Animal Shelter/Human Society?
- () Community Greetings/Welcome Wagon?
- () Other, Please state: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines, heartworm test, and fecal exam.

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the next page. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. There will be a service charge for any check returned unpaid.

PHOTO RELEASE

Check this box if we may display photos of your pet(s) on Waukee-Clive Vet Clinic Facebook or social media sites.

Signature _____ **Date** _____

Animal Medical History (Pet Information & Vaccinations)

(Please place all pets on this sheet even if we are not seeing all of them at this visit)

Please complete information for all your pets - Thank you!	Pet #1	Pet #2	Pet #3	Pet #4
Pet's name				
Species (dog, cat, etc.)				
Breed				
Color (description)				
Age or Date of Birth				
Sex				
Spayed (Female) or Neutered (Male)				
Heartworm/Flea Products Used				
Outdoor/Indoor				

Please write down the date the vaccines/tests were given *or* provide previous records.

DOGS	Pet #1	Pet #2	Pet #3	Pet #4
DHLPP/DAP (Distemper/Parvo)				
Lepto				
Bordetella (Kennel Cough)				
Lyme				
Rabies (1 year or 3 year vaccine?)				
Heartworm Test				
Fecal Test (Stool Exam for Worms)				
CATS	Pet #1	Pet #2	Pet #3	Pet #4
Rabies				
FVRCP (Distemper-1 year or 3 year)				
FELV (Leukemia)				
Fecal Test (Stool Exam for Worms)				
Leukemia/Aids Test (Positive/Negative?)				

Medical History - Prior Illness/Surgery/Allergies/Current Medications:

Thank You and we look forward to seeing you and your pets!
 Dr. Jamie Bunn, Dr. Kristin Young, Dr. Holly Dolphin-Rooney, Dr. Kealie Mancino,
 And all the staff of the Waukee-Clive Veterinary Clinic