



## Patient/Client Information

Welcome to Pella Pets Veterinary Clinic and thank you for giving us the 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.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Spouse's/Other's Employer Name & Address  
\_\_\_\_\_

In Case of EMERGENCY, Call \_\_\_\_\_ Phone # \_\_\_\_\_

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.

Bank Name: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Preferred Method of Payment:  Cash  Check  Credit Card  CareCredit

Name of Previous/Current Veterinarian: \_\_\_\_\_

How did you hear of our hospital? Drove by  Website  Previous Client  Yellow Pages  Other \_\_\_\_\_  
Personal Recommendation (Whom may we thank?) \_\_\_\_\_

Our pet(s) is(are):  Member of our family  Child's pet  Backyard pet

**To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.**

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

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 reverse side and additional pets I present. 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. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of pet as you deem best and/or necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Animal Medical History**

	Pet #1	Pet #2	Pet#3
<b>Pet's Name</b>			
Species (Dog, Cat)			
<b>Breed</b>			
Description (Color and Markings)			
<b>Age or Date of Birth</b> (Approximate)			
<b>Sex</b>	M - F	M - F	M - F
<b>Altered or Spayed?</b>	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
FELV Test or FIV Test ? (Cats)			
<b>Dentistry</b> (Approx Date Work was Done)			
<b>Any blood tests?</b>			
<b>Medical History - Prior Illness/Surgery:</b>			