

## WELCOME TO KYLE ANIMAL HOSPITAL!

Thank you for the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. Please print in all spaces.

Owner's Name: \_\_\_\_\_ Spouse/Co-owner: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Phone numbers (cell phone, etc.) \_\_\_\_\_

Owner's DL#: \_\_\_\_\_ Spouse/Co-owner DL# \_\_\_\_\_

Owner's Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Co-owner Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (Name & Number) \_\_\_\_\_

Prior Veterinarian (& Phone number) \_\_\_\_\_

I authorize Kyle Animal Hospital to release and/or receive my pet(s) medical history to and from any current or future veterinarians and their staff. (circle) yes no (Initial) \_\_\_\_\_

If my pet is lost and recovered by another individual, I authorize Kyle Animal Hospital to release my information (address, phone numbers only) as they deem necessary for the return of my pet. (circle) yes no (Initial) \_\_\_\_\_

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, Visa, Discover, American Express, and can establish a payment arrangement **if approved in advance** of the treatment. There will be a \$25.00 service charge for any check returned unpaid, all funds will be electronically debited in case of returned check. Initial: \_\_\_\_\_

### **Pet Information (more than 4 pets please ask for additional sheets)**

Patient Information	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Date of Birth				
Color/Markings				
Sex/Is your pet spayed or neutered?				
Is your pet on heartworm prevention? What type?				
Lifestyle (strictly indoor, In/out, roams, fenced yard)				
Has your pet ever had an adverse vaccine reaction?				
Does your pet regularly board, go to groomer, hunt, go to park, etc.?				
List any ongoing medical conditions/medications				

**Client initial & date reviewed, if over 6 months.**

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