

# RED MOUNTAIN ANIMAL HOSPITAL

Client and Patient Information Form

**Today's Date** \_\_\_\_\_

Thank you for giving Red Mountain Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

## CLIENT INFORMATION

<b>MRS MS MR DR</b> _____				
	Last			First
<b>SPOUSE/OTHER</b> _____				
	Last			First
<b>ADDRESS</b> _____				
Street		City	State	Zip
<b>HOME PHONE</b> _____		<b>WORK</b> _____		<b>CELL</b> _____
If necessary, may we call you at work? Y N				
<b>E-MAIL(S)</b> _____				
<b>EMPLOYER</b> _____			<b>SPOUSE'S EMPLOYER</b> _____	
<b>HOW DID YOU BECOME AWARE OF OUR HOSPITAL?</b>				
<b>PERSONAL RECOMMENDATION-WHO MAY WE THANK?</b> _____				
<b>HOSPITAL SIGN</b> ____ <b>YELLOW PAGES</b> ____ <b>INTERNET (SITE NAME)</b> _____				

## PATIENT INFORMATION

	PET 1	PET 2	PET 3
<b>NAME</b>			
<b>SPECIES (DOG, CAT)</b>			
<b>BREED</b>			
<b>COLOR</b>			
<b>DATE OF BIRTH</b>			
<b>SEX</b>			
<b>SPAYED OR NEUTERED</b>			
<b>DATES LAST VACCINATED</b>			
DHLPP(PARVO/DISTEMPER) DOG			
FVRCP (FELINE DISTEMPER) CAT			
FELINE LEUKEMIA CAT			
RABIES DOG & CAT			
OTHER VACCINES			
<b>FELINE LEUKEMIA TEST</b>			
<b>HEARTWORM PREVENTION</b>			
<b>CURRENT MEDICATIONS</b>			
<b>DRUG ALLERGIES</b>			
<b>DIET</b>			
<b>MICROCHIPED Y or N</b>			

Due to rising operational costs we are forced to adopt a policy of **PAYMENT DUE AS SERVICES RECEIVED**. A deposit may be required in advance. You may pay by CASH, PERSONAL CHECK, VISA, MASTERCARD OR AMEX.

We are not a 24 hour facility. In the event that it is necessary that your pet be hospitalized your pet will be attended as necessitated by its condition as judged by the veterinarian.