

Pine River Veterinary Clinic

Patient/Client Information

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 this information sheet.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Fax#: _____

Email address: _____

Employer's Name & Address: _____

Cell Phone #: _____ Driver's License #: _____

_____ Spouse's/Other's Employer Name & Address:

_____ Name of Previous/Current Veterinarian:

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. **To help prevent the spread of infectious diseases, ALL 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 \$15.00 will be assessed for each non sufficient fund check and/or certified letter that must be sent. All accounts unpaid after 30 days receive a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of \$3.00. 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 the pet is

abandoned, and I hereby relinquish my rights to the pet in question.

Signature _____ Date _____

Animal Medical History

										Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
										Pet's Name			
										Species (Dog, Cat, Bird, etc.)			
										Breed			
										Description (Color and Markings)			
										Age or Date of Birth (Approximate)			
										Sex	M - F	M - F	M - F
										Neutered or Spayed?	Y - N	Y - N	Y - N
										Daily Medications, Vitamins or Supplements			
										Vaccinations: Please note the dates they were given.	Pet #1	Pet #2	Pet #3
										DOGS: DA2LPP (Distemper/Parvo)			
										Lyme			
										Other Vaccines-Please Specify			
										Rabies			
										CATS: FVRCP (Infectious Diseases)			
										FELV (Feline Leukemia)			
										FIP (Feline Infectious Peritonitis)			
										Rabies			

										Other Vaccines - Please Specify				
										Heartworm Test (Dogs)				
										FELV Test or FIV Test ? (Cats)				
										Fecal Test (Stool Exam for Worms)				
										Dentistry (Approx Date Work was Done)				
										Geriatric Health Screen (Approximate)				
										Medical History - Prior Illness/Surgery:				

NOTES:
