

STEVENS POINT ANIMAL HOSPITAL

Thank you for choosing the Stevens Point Animal Hospital for your pet's health care. We take the responsibility of your pet's health seriously, and will do our best to keep you informed of preventative measures to help your pet enjoy a long and happy life. In order to maintain good communication between our hospital and your home, we would appreciate your taking a few minutes to give us the following information about you and your pet.

CLIENT INFORMATION

DATE _____ DRIVER'S LICENSE NO. _____ EXP. DATE _____

OWNER'S NAME AND ADDRESS	LAST	MR. MRS. DR. MS.	FIRST	M.I.	HOME PHONE	CELL PHONE
	STREET		CITY		STATE	ZIP CODE
EMPLOYER'S NAME	NAME			TYPE OF EMPLOYMENT		BUSINESS PHONE
	NAME	RELATIONSHIP		HOME PHONE		CELL PHONE
OTHER OWNER						

PET INFORMATION

DOG	CAT	NAME	BREED	COLOR	BIRTH DATE	SEX	NEUT./SPAYED	
							YES	NO
							YES	NO
							YES	NO
							YES	NO
							YES	NO
							YES	NO
							YES	NO

Professional fees are always due at the time of service. If you are unsure of the cost, feel free to ask for an estimate at any time. If your pet is hospitalized, a deposit may be required. In any case, the balance will be due when your pet goes home.

Initials _____

Has your pet had any previous medical problems or surgical procedures? (please describe) _____

Is your pet currently taking any medication? (circle) yes no Please list drugs. _____

We appreciate your choosing the Stevens Point Animal Hospital.

Will you please tell us what made you decide to choose us? _____

If referred by a friend, please leave us their name so we may thank them. _____

If necessary, may we contact you at work? _____ What is the best time to reach you at home? _____

Thank you for taking the time to fill out this form.