



Arkansas Lane Animal Hospital

WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. Please help us meet your needs better by taking a moment to complete both sides of this information sheet. Thank you!

Date: _____

Owner: _____ DL#: _____ Email _____

Spouse: _____ DL#: _____

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

Home Phone: _____ Work Phone: _____ Cell phone: _____

Employer's Name & Address: _____

Spouse's/Other's employment: _____

In case of EMERGENCY, please call _____ at phone # _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

AUTHORIZATION

I hereby authorize the veterinarian to provide vaccines and parasite control as needed for my pet. I further authorize the veterinarian to examine, prescribe for, or treat the pet(S) described below. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature: _____ Date _____

Method of payment Cash Check MasterCard Visa Discover AmEx Other

How did you learn of our clinic? Internet Yellow pages for services

Individual: someone we may thank? _____ Sign AAHA referral Other

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other (Specify) _____

Reason for visit: _____

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Animal Medical History (please complete all information for each pet)

	Pet #1	Pet #2	Pet #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age			
Date of Birth			
Sex			
Length of time owned			
Altered or Spayed			
Vitamins (type)			
Diet (kind of pet food)			
Type of grooming products			
Hours spent outside each day			
Vaccinations:			
Bordatella (dog)	Date:	Date:	Date:
Corona (dog)	Date:	Date:	Date:
Distemper HLP (distemper-dog)	Date:	Date:	Date:
Feline Leukemia Test	Date:	Date:	Date:
FVRCP (infections diseases cat)	Date:	Date:	Date:
Parvo virus (dog)	Date:	Date:	Date:
Rabies	Date:	Date:	Date:
Other Vaccines	Date:	Date:	Date:
Fecal Exam (worms-dogs/cat)	Date:	Date:	Date:
Heartworm Prevention			
Dentistry			
Prior Illness			
Prior Surgery			
Pet origin: Humane society, Pet shop, Kennel, Advertisement, Friend, Stray, Individual (non breeder), Breeder			
Pet Origin:			