

Blue Flint Animal Hospital

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Blue Flint Animal Hospital the opportunity to care for your pet. So that we may become better acquainted please complete the following.

OWNER(S) _____ SPOUSE _____
LAST FIRST INITIAL LAST FIRST INITIAL

NCDL# _____ EMAIL _____

ADDRESS _____
STREET CITY STATE ZIP CODE

RESIDENCE PHONE _____ WORK PHONE _____

CELL PHONE #1 _____ CELL PHONE #2 _____

PLACE OF EMPLOYMENT _____

SPOUSE'S PLACE OF EMPLOYMENT _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? YELLOW PAGES HOSPITAL SIGN OTHER

PERSONAL RECOMMENDATION (WHO MAY WE THANK?) _____

PAYMENT POLICY

All fees must be paid in full at the time services are performed or upon discharge from the hospital. Any exception to this policy must be authorized prior to the performance of any service.

How will you be paying for the services you receive today? Cash Check Mastercard Visa

PET INFORMATION (please fill in the following for each pet)

	PET 1	PET 2	PET 3
NAME			
BREED			
DATE OF BIRTH			
DESCRIPTION (Color)			
SEX			
SPAYED OR NEUTERED	Y N	Y N	Y N
DATE OF LAST VACCINE			
DATE OF LAST RABIES VACCINE			
ON HEARTWORM PREV.? (Dogs)			

Are any of the following a concern to you in your pet's behavior? Please circle

- | | | |
|---|--------------------------------|-----------------------------|
| Excessive Barking | Biting People | Shedding |
| Straying from Home | Smell | House Breaking |
| Problem Around Children | Excessive Itching / Scratching | Wetting / Spraying in House |
| Overly Rambunctious / Overly Enthusiastic | | |

CLIENT'S SIGNATURE _____

Again, thank you for giving us the opportunity to serve you.