

PLANTATION ANIMAL HOSPITAL

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. To insure the best care possible, please take the time to fill in this form completely. *Thank you!*

<u>Primary Owner</u>	Today's Date: ____/____/____
Email Address: _____	
Name: _____	
Address: _____ Apt. #: _____	
City: _____ State: _____ Zip: _____	
Home Telephone: _____ Cell: _____	
Employer's Name & Address: _____	
Work Telephone: _____	
Which is the best phone number to reach you during business hours (8-6) _____	
 <u>Secondary Owner</u>	 Email Address: _____
Name: _____ Relation: _____	
Address: _____ Apt. #: _____	
City: _____ State: _____ Zip: _____	
Home Telephone: _____ Cell: _____	
Work Telephone: _____	

Referral (Were you referred to us by someone we might thank?)

	Email Address: _____
Name: _____ Relation: _____	
Address: _____ Apt. #: _____	
City: _____ State: _____ Zip: _____	
Home Telephone: _____ Cell: _____	

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of intestinal parasites. I authorize the doctors to provide vaccines and parasite control as needed for my pet. I hereby authorize the veterinarian to examine, prescribe for, or treat my animal(s). I assume responsibility for all charges incurred in the care of my animal(s) and I understand that these charges must be paid at the time my animal(s) is rendered to me. We will gladly prepare an estimate if you desire. Please ask the doctor

Signature _____ Date ____/____/____

Animal Medical History

Please provide previous medical history including vaccines and supply us
with the Name and Number to the previous Veterinary Clinic.

Clinic Name: _____ Phone Number: _____

	PET # 1	PET # 2
Name		
Species (cat, dog, other)		
Breed		
Description (color)		
Age (years or months)		
Date of Birth		
Sex		
Neutered (male) or Spayed (female)		
Length of Time Owned		

	PET # 3	PET # 4
Name		
Species (cat, dog, other)		
Breed		
Description (color)		
Age (years or months)		
Date of Birth		
Sex		
Neutered (male) or Spayed (female)		
Length of Time Owned		

	PET # 5	PET # 6
Name		
Species (cat, dog, other)		
Breed		
Description (color)		
Age (years or months)		
Date of Birth		
Sex		
Neutered (male) or Spayed (female)		
Length of Time Owned		