



Mountain Park Animal Hospital

Patient & Client Information Sheet

*Thank you for giving us the opportunity to care for your pet!
So that we may become better acquainted, please complete the following:*

Title: _____ (i.e., Dr., Mr., Mrs., Ms.)

Title: _____ (i.e., Dr., Mr., Mrs., Ms.)

Owner: _____ Co-Owner: _____
Last First Initial Last First Initial

Children: _____

Address: _____
Street

City County State Zip code

Owner Phone: _____ Co-Owner Phone: _____
Cell Home Cell Home

May we text information regarding: Medical Information, Scheduling, and Reminders? Yes No

Email Address: _____

If necessary, may we call you at work? Yes No. If, yes:

Owner's work phone: _____ Co-Owner's work phone: _____

How did you hear about us? (Please check one)

Internet
You're a Returning Client
Yellow Pages
Hospital Sign

Professional Referral
Personal Recommendation-
Whom may we thank?

So that we are better able to suit your individual needs – which do you feel most applies to you:
(Check One)

- ☐ I prefer to be present when my pet is examined and treated.
☐ I would rather not see my pet examined and treated.

All fees are due upon release of patient. Please indicate your choice of payment.

Cash Check Credit/Debit Card Care Credit (Ask an employee for more info)

If your pet(s) has or have received care at a previous hospital/clinic, please provide that business' contact information below:

Name: _____

Phone Number: _____

Location: _____

(OVER)

	PET 1	PET 2	PET 3
PET INFORMATION			
NAME			
SPECIES (<i>Cat or Dog</i>)			
BREED			
COLOR/MARKINGS			
DATE OF BIRTH			
SEX			
SPAYED OR NEUTERED			
VACCINES			
<i>(Last vaccinated date)</i>			
(DHPP) Distemper/Hepatitis/ Parainfluenza/Parvo	<i>(Dogs)</i>		
Bordetella/Intratrach	<i>(Dogs)</i>		
Leptospirosis	<i>(Dogs)</i>		
Rabies	<i>(Both)</i>		
(FVRCP) Distemper/Rhinotracheitis/ Calicivirus/Panleukopenia	<i>(Cats)</i>		
Feline Leukemia	<i>(Cats)</i>		
LAB WORK			
<i>(Last date performed)</i>			
Heartworm Test (Dogs)			
Intestinal Parasite "Worms" Test (<i>Fecal</i>)			
Feline Leukemia & FIV Test (<i>Cats</i>)			
ADDITIONAL INFORMATION			
Pet's age when you acquired them:			
Prior illness(es):			

Client's Signature

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