



Date _____

File # _____

The staff of Veterinary Medical Center thank you for the opportunity to provide veterinary care for your pet family members. Please take a few moments to fill out this form as completely as possible. *Please Print.*

CLIENT INFORMATION

Last Name:		First Name:	
Mailing Address			
Street:		City:	State: Zip:
Phones: Home#		Work#:	Cell #:
Professional fees are due at the time services are rendered. If you wish to pay by credit card, bank or debit card, please complete the following: Driver's License #:			

SPOUSE / CONTACT #2 INFORMATION

Name:		Relationship:	
Work #:	Cell:	Driver's License:	

If you would like to receive your pet(s) reminders by email, give us your email address:

Email Address:

PET'S INFORMATION

NAME	SPECIES <small>Dog / cat</small>	BIRTHDATE	BREED	COLOR	SEX <small>M / F</small>	Neutered / Spay?

Pertinent Pet Questions to help us to better understand your pet's needs.

What is the date and place of your pet's last annual vaccinations?

Concerning your pet's eating habits. What kind of food? What quantity of food? How often? What time?

Is your pet currently on **HEARTWORM PREVENTATIVE/ FLEA PREVENTATIVE**? If so, what kind? Is your pet on any other medication?

What are your pet's favorite activities? (ie. going for walks; playing with ball, etc.)

What was the reason you chose Veterinary Medical Center of Spring *Location/Drove by* *Phone Book* *Ad*
Referred by: _____ *Other* _____

I authorize Veterinary Medical Center of Spring to release information concerning my pet(s) vaccination dates and annual lab results (heartworm & fecal parasite tests) to kennels, groomers, and other veterinary clinics. I understand that this is done as a convenience to me and that this is the only information that will be released without written consent at the time of the request. **Signature:** _____ **Date:** _____