## Client ID # _____

# Twain Harte Veterinary Hospital

Thank you for giving Twain Harte Veterinary Hospital an opportunity to care for your pet. Please complete the following form so that we may become better acquainted.

Pet's Name:_____
Species:Cat Dog Other:_____
Breed: _____

Color: _____ Birth Date: _____

Sex:_____ Altered/Spayed? _____

**Patient ID#** *(office use)*:_____

**Microchip #**_____

Owner: _____
Last Name First Name Middle Spouse

Mailing Address: _____
Street City Zip

Physical Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____

Cell Phone:_____ Other Phone : _____

Email: _____

*Do you prefer receiving information by regular mail or email?*_____

## Medical History

History of any serious illness?_____ If yes, please explain. _____

_____

_____

Heartworm preventative?_____ If yes, what brand? _____
Is the preventative given the year round?_____
Any known allergies?_____
Regular diet:_____ How often fed? _____
Medications or dietary supplements (vitamins, etc) _____

_____

## Payment of Fees

**Payment is due at the time of service. Deposits are required when animals are hospitalized.**

Please indicate your preferred method of payment: Cash ____ Check _____ Visa or M/C _____

Driver's License No:_____ SSN: _____
Date of Birth: _____ Employer: _____
Occupation:_____ Work Phone: _____

Signature of person presenting pet for treatment_____ Today's Date: _____

Veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

***For Office use only:***

Date: **Master Problem List** Medication/# of refills:

_____

_____

_____

_____

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