

WELCOME TO KYLE ANIMAL HOSPITAL!

Thank you for the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. Please print in all spaces.

Owner's Name: _____ Spouse/Co-owner: _____

Mailing Address _____ City, Zip _____

Home Phone Number _____ E-mail: _____

Alternate Phone numbers (cell phone, etc.) _____

Owner's DL#: _____ Spouse/Co-owner DL# _____

Owner's Employer _____ Phone: _____

Spouse/Co-owner Employer: _____ Phone: _____

Emergency Contact (Name & Number) _____

Prior Veterinarian (& Phone number) _____

I authorize Kyle Animal Hospital to release and/or receive my pet(s) medical history to and from any current or future veterinarians and their staff. (circle) yes no (Initial) _____

If my pet is lost and recovered by another individual, I authorize Kyle Animal Hospital to release my information (address, phone numbers only) as they deem necessary for the return of my pet. (circle) yes no (Initial) _____

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, Visa, Discover, American Express, and can establish a payment arrangement **if approved in advance** of the treatment. There will be a \$25.00 service charge for any check returned unpaid, all funds will be electronically debited in case of returned check. Initial: _____

Pet Information (more than 4 pets please ask for additional sheets)

Patient Information	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Date of Birth				
Color/Markings				
Sex/Is your pet spayed or neutered?				
Is your pet on heartworm prevention? What type?				
Lifestyle (strictly indoor, In/out, roams, fenced yard)				
Has your pet ever had an adverse vaccine reaction?				
Does your pet regularly board, go to groomer, hunt, go to park, etc.?				
List any ongoing medical conditions/medications				

Client initial & date reviewed, if over 6 months.

Initial: _____ Date: _____ Initial: _____ Date: _____ Initial: _____ Date: _____ Initial: _____ Date: _____