

Client/Patient Info Sheet

Responsible Party Information:

Name: _____ Spouse's Name: _____

Have we sent you information regarding our ABC Wellness Plans? Y N

Primary Phone: _____ Secondary Phone: _____ Text: Y N

Is primary a cell phone? Y N

Address: _____ City: _____ Zip Code: _____

Email: _____

(emails are kept strictly confidential. We email reminders, test results and other important information)

How did you learn about our practice? Internet Drive by _____ Friend _____ Online _____ Other _____

(Please be specific with a friend or relative name so we can thank them for the referral)

Patient(s) Information

Name of Pet: _____ Species: _____ Breed: _____

Color: _____

Date of birth or approximate year: _____ Age: _____ Sex: M F Neutered/Spayed: Y N

What diet is your pet on (including table food & treats): _____

Name of Pet: _____ Species: _____ Breed: _____

Color: _____

Date of birth or approximate year: _____ Age: _____ Sex: M F Neutered/Spayed: Y N

What diet is your pet on (including table food & Treats): _____

May we ask your previous veterinarian for your pet's records please? Y N **Where to call:** _____

Please "X" any symptoms/issues that you noticed about your pet(s)

	Pet #1	Pet #2		Pet #1	Pet #2	
			Arthritis			Bad breath/Bleeding gums
			Behavior Issues			
			Blood in urine/stool			Breathing issues
			Coughing			Diarrhea/Constipation
			Eye issues			Change in appetite
			Lumps/bumps/skin issues			Scotting
			Scratching			Depression
			Change in sleeping habits			Sneezing
			Change in drinking habits			Vomiting
			Change in fur			Other

By signing below, you are assuming responsibility for all charges incurred in the care of the animal(s). **Payment is to be paid in full at the time services are rendered.** Big Creek Pet Hospital accepts Visa, MasterCard, Discover, American Express, Cash, Personal Checks and CareCredit. Should the account be referred to an attorney or collection agency, the undersigned agrees to pay all fees associated with this matter. When paying by a check you are authorizing us to make a one-time electronic fund transfer from the bank account listed on your check.

Signature of Owner or Agent

Date