

# FLATHEAD ANIMAL CLINIC

## *WELCOME!*

### *YOUR INFORMATION*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*How will you be paying for services? (Please Mark)*

- \_\_\_\_ • **CASH**
- \_\_\_\_ • **PERSONAL CHECK (Include SSN or DL# on check)**
- \_\_\_\_ • **VISA—MASTERCARD—DISCOVER—AMEX**
- \_\_\_\_ • **CARECREDIT: Policy #** \_\_\_\_\_

*Do you have Pet Insurance? Yes* \_\_\_\_ *No* \_\_\_\_

*If so, company name:* \_\_\_\_\_

*Policy #:* \_\_\_\_\_

Name (Last, First, Middle Initial): \_\_\_\_\_

*Please Print Clearly*

Spouse/Other (Give Relationship): \_\_\_\_\_

Street Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (Self): (\_\_\_\_) \_\_\_\_\_ Cell Phone (Spouse/Other): (\_\_\_\_) \_\_\_\_\_

Driver's License #/State: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you been to our clinic before? NO \_\_\_\_ YES \_\_\_\_ Approximate date: \_\_\_\_\_

How did you happen to choose our clinic? \_\_\_\_\_ If referred, by whom? \_\_\_\_\_

Previous veterinarian or clinic: \_\_\_\_\_

**Signature:** \_\_\_\_\_

### *YOUR PET'S INFORMATION*

Pet's Name: \_\_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Sex: Male \_\_\_\_ Neutered  Female \_\_\_\_ Spayed

Breed: \_\_\_\_\_ Color/Description: \_\_\_\_\_ Birth Date or Age: \_\_\_\_\_

Vaccination History (Date of Last Booster):

<u>DOG:</u> DHPPV/DHLPPV	_____	<u>CAT:</u> FVRCP	_____
KENNEL COUGH	_____	FELV	_____
RABIES	_____	RABIES	_____

Has your pet ever had any vaccination or drug reaction? \_\_\_\_\_

Current medications (Drug, dosage, for what conditions): \_\_\_\_\_