

# Welcome to the Animal Hospital of Havasu

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

## Client Information

Date \_\_\_\_\_

Name		Spouse's Name	
Address	City	State	Zip
Phone	Work Phone	Spouse's Work Phone	
Place of Employment		Best Time/Place to Reach You	
Driver's License #	SS#	Email Address	

### \* ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment  Cash/Check  Visa  MasterCard  Discover

### How did you become aware of our clinic?

Drove by  Yellow Pages  Newspaper  Web Search  
 Business Expo/Show  Welcome Wagon  Other

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

## Pet Information

	Pet 1	Pet 2	Pet 3
Name			
Breed			
Date of Birth			
Color			
Sex			
Dogs			
Rabies			
DHLPP/C (distemper/parvo combo)			
Bordetella (Canine Cough)			
Lymes			
Fecal (Stool Sample)			
Heartworm			
Cats			
Rabies			
FVRCP (upper respiratory combo)			
Leukemia Vaccine			
Leukemia Test			
Fecal (Stool Sample)			
Diet (brand & type of food)			
Current Medications			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Previous veterinarian name and phone number \_\_\_\_\_

Signature \_\_\_\_\_