

The Animal Hospital of Carrboro, Inc.
Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Please Note: If both owner and co-owner plan to make medical and financial decisions for the listed pets, both must complete all information and sign this form. If only one owner fills out the form and signs, only he/she will be able to make medical decisions and will be held liable for all fees incurred. Minors who own pets must have a parent listed as owner. Parents are financially responsible for fees incurred by minor co-owners.

Date _____

Owner _____ Co-Owner _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Home FAX _____

Employer Name & Address for Owner _____

Employer Name & Address for Co-Owner _____

Owner Work Number _____ Co-Owner Work Number _____

Owner Cell Number _____ Co-Owner Cell Number _____

Emergency Contact Person _____ Phone _____

We will gladly prepare a written estimate. Please ask the receptionist or doctor. **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept Visa, Mastercard, Discover, American Express, and Care Credit. A photo ID will be required for credit card transactions. If you wish to pay by check, we require the following information:

Owner's Driver's License: State/Number _____ SS# _____

Co-Owner's Driver's License: State/Number _____ SS# _____

How did you first hear of our hospital?

Individual; someone we may thank _____ AAHA Referral

Yellow Pages Hospital Sign Other _____

We consider our pet(s) Part of the family Just pets

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ALL HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I/we authorize the doctor to provide vaccines and parasite control as needed for my (our) pets. I/we accept financial responsibility for fees incurred for the treatment of our pet(s).

Owner Signature _____

Co-Owner Signature _____

ANIMAL MEDICAL HISTORY

Please complete all information for each pet

	PET #1	PET #2	PET#3
Name of Pet			
Species (cat, dog, ferret ,etc.)			
Breed			
Color/Markings			
Age/ Date of Birth			
Sex			
Length of Time Owned			
Neutered or Spayed			
Diet (kind of pet food)			
Vitamins (type)			
Flea/Grooming Products Used			
Hours Outside Each Day			

VACCINATIONS AND ANNUAL LABORATORY WORK

DA2PP (Distemper) DOG			
Bordetella DOG			
Rabies (Dog & Cat)			
FVRCP (Distemper) CAT			
FELV Vaccine CAT			
Heartworm Test			
Heartworm Prevention			
Fecal Exam (parasites)			
Feline Leukemia Testing			
Dental Cleaning or Care			
Prior Illness			
Prior Surgery			
PET ORIGIN: Friend, Pet Shop, Breeder, Stray, Humane Society, Other			