

# PET INFORMATION FORM

*Please provide the following information and answer the questions below.*

## **Pet Owner Information**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Spouse/Other

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Phone Number

\_\_\_\_\_  
Best Time to Call

In case of an emergency, who may we call and what is their phone number?

\_\_\_\_\_  
Referred by:  Friend  Website  Yellow Pages   
 Other: \_\_\_\_\_

## **Pet Information**

\_\_\_\_\_  
Name of Pet

Feline  Canine  Other: \_\_\_\_\_

\_\_\_\_\_  Male  Female  Spayed/Neutered  
Breed

\_\_\_\_\_  Unknown Date of Birth  
Date of Birth

Does your pet have a microchip?  Yes  No  
Do you have the number? \_\_\_\_\_

Do you have pet insurance?  Yes  No  
Are you planning on foreign travel with your pet in the near future?  Yes  No

What brings you into see us today? \_\_\_\_\_  
\_\_\_\_\_

Have you seen another Vet where we might need to obtain records?  Yes  No  
If yes, please list the name and number: \_\_\_\_\_

Has your pet been treated for any illnesses in the past year?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

I AGREE TO PAY ALL CHARGES FOR APPROVED TREATMENTS AND CARE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date