



CLIENT INFORMATION

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

OWNER'S NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cell: _____ Work: _____

EMPLOYER: _____

IN CASE OF EMERGENCY - CALL: _____

PET INFORMATION

| | PET #1 | PET #2 | PET #3 |
|--|--------|--------|--------|
| NAME | | | |
| SPECIES (Dog, Cat, etc.) | | | |
| BREED | | | |
| COLOR | | | |
| AGE | | | |
| DATE OF BIRTH | | | |
| SEX | | | |
| LENGTH OF TIME OWNED | | | |
| SPAYED or NEUTERED? | | | |
| PET ORIGIN (Humane Society, Breeder, Stray, Friend) | | | |

COMMENTS AND OTHER INFORMATION CONCERNING YOUR PET THAT MAY HELP US BETTER CARE FOR YOUR PET:

HOW DID YOU FIRST HEAR OF OUR HOSPITAL?

Individual - Someone we may thank? _____

Hospital Sign

Yellow Pages

Dr. Referral

Other: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

SIGNATURE: _____ DATE: _____

OUR PHILOSOPHY:

We are a client centered veterinary hospital who believes in caring for people by caring for their pets. Foothills Veterinary Hospital strives to provide comprehensive, proactive wellness plans, thorough medical diagnostics and therapeutics, and advanced surgical techniques. We pledge to listen, educate and offer what we feel to be an optimal care plan for your pet based on his/her stage of life and risk factors for disease.

Dr. Daniel C. Randall and the Foothills Veterinary Hospital Staff