



## NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Four Loving Paws Veterinary Services, Inc. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye. We offer veterinary care, lodging, and grooming for your best friends.

### PATIENT INFORMATION

Pet's name: \_\_\_\_\_ Sex:  Male  Female Neutered or spayed?  Yes  No

Species:  Dog  Cat  Bird  Ferret  Reptile  Rabbit  Other \_\_\_\_\_

Pet's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Reason for bringing pet in: \_\_\_\_\_

Does your pet have any allergies, special medications, or health problems we should know about?  Yes  No

If yes, what? \_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_ Treats? \_\_\_\_\_

### Dates of last vaccinations:

**Dogs:** DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): \_\_\_\_\_ Rabies: \_\_\_\_\_ Kennel cough: \_\_\_\_\_

Heartworm test: \_\_\_\_\_ Is your dog on heartworm preventives?  Yes  No

**Cats:** FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): \_\_\_\_\_ Rabies: \_\_\_\_\_ Feline leukemia: \_\_\_\_\_

Where were the most recent vaccinations given? \_\_\_\_\_

Who is your previous veterinarian? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### CLIENT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Spouse first name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Employer \_\_\_\_\_

For check writing privileges, please provide your Social Security # \_\_\_\_\_ and Driver's License

# \_\_\_\_\_ Exp. \_\_\_\_\_.

Please check the box if your DO NOT wish to have photos taken by the office of your pet, you/your family to be used in marketing and/or media materials.

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

Referred by friend Whom may we thank? \_\_\_\_\_

Referred by veterinarian Whom may we thank? \_\_\_\_\_

Other: (Please indicate where you FIRST heard of us) \_\_\_\_\_

### PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

- In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Four Loving Paws Veterinary Services, Inc. to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.
- It is understood that an estimate of charges can be given for services. No guarantee or assurance can be made as to the results that may be obtained.
- Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred, estimated or not, by my pet. I realize that these charges may exceed a given estimate.
- If the balance is NOT paid when due, the undersigned promises to pay in addition, all costs of collection and reasonable attorney's fees and/or court filing cost up to 40% of the balance if the debt must be filed with Small Claims Court.

Signed \_\_\_\_\_ Date \_\_\_\_\_