

Forest Trails Animal Hospital

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PATIENT-CLIENT INFORMATION SHEET

Thank you for giving Forest Trails Animal Hospital the opportunity to care for your pet. So that we may better serve you, please complete the following form.

CLIENT INFORMATION

DATE: _____

Name _____ Spouse's Name _____
Last First Initial Last First Initial

Address _____ Zip _____

Residence Phone _____ His Work Phone _____ Her Work Phone _____

His Cell Phone _____ Her Cell Phone _____

Place of Employment _____ Address _____
Employer / Business Name

Spouse's Place of Employment _____ Address _____
Employer / Business Name

All fees are due at the time services are rendered.

How did you become aware of our clinic?

Yellow Pages _____ Clinic Sign _____ Other Animal on Record _____ Other _____

PERSONAL RECOMMENDATION (Whom may we thank?) _____

Please indicate your choice of payment method. _____ Cash/Check _____ VISA/Mastercard/Discover

PATIENT INFORMATION:

| | Pet #1 | Pet #2 | Pet #3 |
|---|--------|--------|--------|
| NAME | | | |
| BREED | | | |
| DATE OF BIRTH / AGE | | | |
| SEX – M / F ; SPAYED OR NEUTERED? YES / NO | | | |
| COLOR | | | |
| VACCINATION HISTORY (date) – DOG | | | |
| RABIES | | | |
| DISTEMPER / HEPATITIS / PARAINFLUENZA / PARVO | | | |
| BORDETELLA (Kennel Cough) | | | |
| OTHER VACCS | | | |
| FECAL (STOOL EXAM) | | | |
| HEARTWORM TEST/PREVENTION | | | |
| VACCINATION HISTORY (date) – CAT | | | |
| RABIES | | | |
| DISTEMPER / RHINOTRACHEITIS / CALICI | | | |
| FELINE LEUKEMIA | | | |
| OTHER VACCS | | | |
| FELINE LEUKEMIA TEST | | | |
| FECAL (STOOL EXAM) | | | |

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____