

**COLE PARK VETERINARY HOSPITAL**  
**CLIENT INFORMATION SHEET**

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 this information sheet.

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Partner/  
Spouse \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Partner/Spouse  
Work Phone \_\_\_\_\_

If you plan to use a payment method other than cash, please provide the following:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CALL \_\_\_\_\_ AT # \_\_\_\_\_

How did you first hear about our hospital?

Individual, someone we may thank \_\_\_\_\_

Yellow Pages       Web Site       CitySearch

Animal Shelter/ Humane Society       Other \_\_\_\_\_

We consider our pet(s)     Family Members     Pets     Possessions

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. Professional fees are due at the time the services are rendered.

Signature \_\_\_\_\_

|                             | PET #1 | PET #2 | PET #3 |
|-----------------------------|--------|--------|--------|
| Name                        |        |        |        |
| Cat/Dog/<br>Bird/Other      |        |        |        |
| Breed                       |        |        |        |
| Color                       |        |        |        |
| Age/<br>Date of Birth       |        |        |        |
| Sex                         |        |        |        |
| How Long Owned              |        |        |        |
| Neutered/<br>Spayed (date)  |        |        |        |
| Diet<br>(kind of pet food)  |        |        |        |
| Flea/Groom<br>Products Used |        |        |        |
| Hours Outside<br>Each Day   |        |        |        |

**VACCINATIONS AND ANNUAL LAB WORK:**

|                          |  |  |  |
|--------------------------|--|--|--|
| DHLPP<br>(Dog Distemper) |  |  |  |
| FVRCP<br>(Cat Distemper) |  |  |  |
| Leukemia<br>(Cats Only)  |  |  |  |
| Rabies<br>(Dogs & Cats)  |  |  |  |
| Other vaccine<br>_____   |  |  |  |
| Heartworm Test<br>(Dogs) |  |  |  |
| Leukemia Test<br>(Cats)  |  |  |  |
| Dental Cleaning          |  |  |  |
| Prior Illness            |  |  |  |
| Prior Surgery            |  |  |  |

PET ORIGIN:

Shelter  
 Pet Shop

Stray  
 Breeder

Friend  
 Other