



# FALLBROOK Animal Hospital

## PATIENT AND CLIENT INFORMATION SHEET

*Thank you for giving Fallbrook Veterinary Hospital the opportunity to care for your pet.  
So that we may become better acquainted, please complete the following:*

OWNER'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ INITIAL \_\_\_\_\_

SPOUSE'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ INITIAL \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RESIDENCE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ SPOUSE'S WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ SPOUSE'S CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

IF NECESSARY, MAY WE CALL YOU AT WORK?  YES  NO      ACTIVE MILITARY?  YES  NO

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

YELLOW PAGES     HOSPITAL SIGN     INTERNET     OTHER \_\_\_\_\_

PERSONAL RECOMMENDATION - WHO MAY WE THANK? NAME \_\_\_\_\_

SO THAT WE ARE ABLE TO SUIT YOUR INDIVIDUAL NEEDS, WHICH DO YOU FEEL MOST APPLIES TO YOU:

Please Check One.

- (1)  I feel that my pet is another member of our family.  
(2)  I feel that my pet is just a pet.

Please Check One.

- (1)  I want the best medical care available for my pet: please recommend anything that you feel is necessary for good health.  
(2)  I want good medical care for my pet, but there is a limit to what I am able to have done.  
(3)  I want you to perform only the services that I request.

Please Check One.

- (1)  I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.  
(2)  I would prefer you just summarize what has been done for my pet or what is needed.  
(3)  I want my pet healthy, but don't need to know what has been done.

Please Check One.

- (1)  I prefer to be present when my pet is being examined and treated.  
(2)  I would rather not see my pet examined and treated.

WOULD YOU LIKE US TO KEEP YOU INFORMED ABOUT PROCEDURES AVAILABLE  
TO LENGTHEN YOUR PET'S LIFE?  YES  NO

What is the best time to reach you at home? \_\_\_\_\_

What prior illness or surgery should we know about? \_\_\_\_\_

**PET INFORMATION** (Please fill in the following for each pet.)

	PET #1	PET #2	PET #3	PET #4
NAME				
SPECIES Cat, Dog, Other				
BREED				
DESCRIPTION				
DATE OF BIRTH				
SEX				
ALTERED				
DATES VACCINATED				
DHLP (Dog)				
PARVOVIRUS (Dog)				
RABIES (Both)				
HEARTWORM TEST				
ON HEARTWORM PREVENTATIVE?				
FECAL TEST (Worms)				
DENTISTRY				
FVRCP (Cat)				
FELEUK TEST (Cat)				
FELEUK VACCINE				
FLEA CONTROL?				
DIET?				
MEDICATIONS				
DRUG or VACCINE ALLERGIES?				

**Are any of the following a concern to you in your pet's behavior? Please check all that apply.**

- Excessive Barking     Biting     Shedding     Straying from Home     House Breaking     Problem Around Children  
 Smell     Excessive Itching/Scratching     Wetting/Spraying in House     Overly Rambunctious/Overly Enthusiastic

Would you be interested in learning how to improve your pet's manners?     YES     NO

What health care or grooming products are you currently using? \_\_\_\_\_

How long would you like your pet to live? \_\_\_\_\_

**All fees are due upon release of patient. Please indicate your preferred choice of payment.**

- Cash     Check (driver's license required)     Visa / MasterCard     Social Security # \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

*Again, thank you for giving us the opportunity to serve you.*