

# Four Paws Animal Hospital

## Additional Patient Information Sheet

In order to keep a clear separate file of each patient's medical history, we ask that you fill out one form per pet.

Owner's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Species: Dog Cat Other\_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male Female

Has your pet been spayed/neutered? Yes No

Approximate date of birth: \_\_\_\_\_

At what time and at what phone number is it best to call about your pet?  
\_\_\_\_\_

May we call you at work? Yes No

Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_

**I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.**

Date: \_\_\_\_\_ Client's Signature: \_\_\_\_\_

We accept: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

**Payment is due when services are rendered.**

### PLEASE NOTE:

If you have had a change of address, home phone number or work phone number since your last visit, please indicate below so that we may be able to contact you regarding your pet's health status. If you are unsure regarding the information on file, please check with the receptionist.

Address: \_\_\_\_\_

Home #: \_\_\_\_\_