

Bartlett Animal Hospital, P.C.

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

CLIENT INFORMATION: Date: _____ County _____
 Name _____ Spouse's Name _____
 Address _____ City _____ Zip _____
 Phone _____ Work Phone _____ Spouse's Work Phone _____
 E-Mail _____ Driver's license # _____ Social security # _____

To keep costs for all our clients at a minimum, all fees are due at time services are rendered.

Please indicate your choice of payment: Cash Check Debit Credit Card (Visa/MasterCard/Discover)

How did you become aware of our clinic? Drove by Phone book Previous Client

Recommendation (*Whom may we thank?*) _____

	PET #1	PET #2	PET #3
NAME			
BREED			
BIRTHDATE			
COLOR			
SEX/INTACT OR NEUTERED			
YOUR DOG'S VACCINE HISTORY			
RABIES			
DISTEMPER			
BORDATELLA			
BORRELIA (LYME)			
FECAL TEST			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINE HISTORY			
RABIES			
FVRCP (FEL. DISTEMPER)			
FELINE LEUKEMIA			
FELINE LEUK. TEST			
FECAL TEST			

Our pet(s) is: A member of our family Our child's pet A backyard pet

Any previous illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Any special diets or medications? _____

Would you like to be present during your pet's treatments? Yes No

Revised: _____