

**PATIENT/CLIENT INFORMATION**

**Our mission is to help your pet live a long, healthy life, and to serve you by furnishing all your pet's needs. Our staff strives to be competent, caring, and friendly while our facility strives to be clean, well equipped and available. We offer additional services such as grooming, boarding, obedience training, and a full line pet supplies as well as the Springboro Dog Park. Please help us to meet your needs better by filling out this information sheet on both sides. Thank you!**

Client Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Spouse/Other's Employer: \_\_\_\_\_

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

In case of EMERGENCY, please call: \_\_\_\_\_ Phone: \_\_\_\_\_

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. **PROFESSIONAL FEES ARE DUE AND PAYABLE AT THE TIME OF SERVICE.** If you plan to pay by check or credit/debit card, please complete the following:

I will pay by credit card or debit card: (please circle one): MasterCard Visa

Personal Check – name on account: \_\_\_\_\_ Bank: \_\_\_\_\_  
*(There is a charge for returned checks)*

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Care Credit Acct. #: \_\_\_\_\_ Bank: \_\_\_\_\_

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How did you first hear of our hospital?

- Individual (whom may we thank?) \_\_\_\_\_
- Yellow Pages
- Sign in Front
- Direct Mail
- Internet website (www.Springborovet.com) or link
- Other

We consider our pets: \_\_\_\_\_ part of our family \_\_\_\_\_ just pets

**TO PREVENT THE SPREAD OF CONTAGIOUS DISEASES AND PARASITES, HOSPITALIZED, GROOMED, AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES, AND FREE OF INTERNAL AND EXTERNAL PARASITES. I hereby authorize Springboro Veterinary Hospital, Inc. to provide vaccinations and parasite control as needed for my pet.**

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

## PET'S MEDICAL INFORMATION/HISTORY

	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Description (color, markings)			
Age			
Date of Birth			
Sex			
Length of time owned			
Spayed or neutered			
Diet			
Prescription Medications			
Heartworm prevention			
Last Heartworm test date			
Flea/Tick control			
Other:			
Type of exercise			
Prior surgeries			
Known allergies			
Other pertinent medical information:			

Pet Origin:  Shelter/Humane Society     Individual Breeder     Pet Store  
 Professional Kennel     Friend or Relative     Stray

Thank you very much for taking the time to give us this information. Please let us know in the future if any of this information should be updated.

We are very pleased to be able to serve you and your pet's needs. Let us know if we can improve on our service in any way. **You are always #1 with us.**