



Fairland Animal Hospital

"We treat your pet like one of our own"

CLIENT INFORMATION

Date _____

First Name _____ MI: _____ Last Name: _____ Spouse's Name _____

Email Address: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Work Phone _____

All fees are due at the time services are rendered.

Please indicate choice of payment. Cash/Check Visa/Mastercard

How did you become aware of our clinic? Personal Recommendation: (whom may we thank?): _____

Drove by & saw the sign Yellow Pages Client Web Site Internet

PATIENT INFORMATION

	Pet # 1	Pet # 2	Pet # 3
NAME OF PET			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?	F M	F M	F M
VACCINATION HISTORY – DOG			
CANINE RABIES			
DHLP PARVO			
BORDETELLA (Kennel cough)			
LYME			
FECAL (Stool sample)			
HEARTWORM / LYME TICK TEST			
VACCINATION HISTORY – CAT			
FELINE RABIES			
DIST-RHINO			
FELV / FIV TEST			
LEUK			
FECAL (Stool sample)			

Our pet(s) is: Member of our Family Child's Pet Backyard Pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medication? _____

Is your pet on any special diets or medications? _____