

# CLIENT INFORMATION



**Client Name:** Mr./Mrs./Ms./Dr. \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Significant Other:** Mr./Mrs./Ms./Dr. \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**Referred by** (*please check*): Phone book \_\_\_\_\_ Search Engine \_\_\_\_\_ Facebook \_\_\_\_\_ Client \_\_\_\_\_

**Reminder Preference** (*please check*): Postcard \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

**Payment Policy:** We will gladly prepare a written estimate if you desire. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards. Springfield Veterinary Center does not offer Care Credit or financing. Personal checks cannot be accepted without a valid Driver's License and Social Security # on file. All accounts unpaid after 30 days receive a late charge computed at a rate of 1.5% per month with a minimum monthly charge of \$1.00. We reserve the right to retain custody of your pet until fees are paid in full. Boarding fees will accrue at a rate of \$19/day in such circumstances.

\_\_\_\_\_  
Signature of Client Responsible for Pet(s)

\_\_\_\_\_  
Date

## PATIENT INFORMATION



**Patient Name:** \_\_\_\_\_

**D.O.B. or Estimated Age** \_\_\_\_\_ **Length of Time Owned:** \_\_\_\_\_

**Species:** Dog Cat      **Gender:** Male Female      **Spayed/Neutered?** Yes No

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

### Medical History:

<b>DOGS ONLY:</b>	Yes/No (Date)	<b>CATS ONLY:</b>	Yes/No (Date)
DHPP (Distemper/Parvo)	Y/N _____	FVRCP (Distemper)	Y/N _____
Lyme	Y/N _____	FeLV (Leukemia)	Y/N _____
Leptospirosis	Y/N _____	FIV (Immunodeficiency)	Y/N _____
Bordetella (Kennel Cough)	Y/N _____	Rabies	Y/N _____
Rabies	Y/N _____	FeLV/FIV	Y/N _____
Heartworm test	Y/N _____	Intestinal Parasites	Y/N _____
Intestinal Parasites	Y/N _____	Bloodwork	Y/N _____
Bloodwork	Y/N _____		

Other vaccinations/tests given but not listed:  
\_\_\_\_\_

Other vaccinations/tests given but not listed:  
\_\_\_\_\_

### Lifestyle History:

Where did you acquire your pet? Breeder      Rescue      Pet Store      Craigslist      Other

Diet: Brand \_\_\_\_\_ Canned/Dry: Quantity \_\_\_\_\_

Does your pet receive table scraps or treats? If so, what type and how much?  
\_\_\_\_\_

My pet is:      Strictly Indoor      Indoor/Outdoor      Primarily Outside

Current exercise regime: Daily Walks      Fenced Yard      Acreage      Running partner      None

Does your pet visit a groomer, boarding facility, or doggie day care?      Yes      No

Springfield Veterinary Center is dedicated to promoting the human-animal bond through education, compassion and by offering the most comprehensive, low stress care available. Please help us provide the best care for your pet by indicating the services for which you would like more information.

___ Microchip identification	___ Dental care	___ Flea prevention
___ Heartworm prevention	___ Vaccinations	___ Intestinal parasites
___ Senior health care	___ Spaying/Neutering	___ Declawing
___ FeLV/FIV testing	___ Nutrition	___ Allergic skin disease
___ Behavior issues	___ Weight management	___ Hip dysplasia
___ Arthritis management	___ Pain management	___ Early disease detection