

## EDINBURGH PET HEALTH CENTER

### CLIENT INFORMATION

#### PLEASE PRINT

Owner #1 name : \_\_\_\_\_ Owner #2 name : \_\_\_\_\_

Address : Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone : ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

E mail address: \_\_\_\_\_

Employer Owner #1: \_\_\_\_\_ Work phone : ( ) \_\_\_\_\_ Ext \_\_\_\_\_

Employer Owner #2: \_\_\_\_\_ Work phone : ( ) \_\_\_\_\_ Ext \_\_\_\_\_

May we contact you at work regarding your pet? Yes No Best time to call : \_\_\_\_\_

Have you been to our clinic before? Yes No If No, how did you first learn about us? (circle one)

Yellow pages Location Humane Society Other \_\_\_\_\_

Friend/family: \_\_\_\_\_  
(If you were referred, please let us know who referred you, so we may personally thank them.)

**Payment is due at the time services are rendered.** We accept Visa, Mastercard, Discover, personal checks and cash.

Signature: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Date: \_\_\_\_\_

### PATIENT INFORMATION

Pet's Name : \_\_\_\_\_ Species (circle one) : Dog Cat Rabbit Rodent Other

Breed : \_\_\_\_\_ Color : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Sex (circle one): Female/Spayed Female Male/Neutered Male Unknown

Where obtained pet (circle): Breeder Pet store Family/Friend Humane Society/Pound Private party Other

Please list the dates your pet last had the following preventative care done:

Distemper/Parvo Vaccination \_\_\_\_\_ Heartworm Test \_\_\_\_\_

Rabies Vaccination \_\_\_\_\_ Leukemia Test \_\_\_\_\_  
(cats only)

Other Vaccinations \_\_\_\_\_

Previous veterinary hospital where records may be obtained: \_\_\_\_\_

Does your pet have any specific diagnosed health conditions? Yes No

Has your pet ever had seizures? Yes No Is your pet taking any medications? Yes No

Do you have any other pets? Yes No If yes, please list them here.