

**SARDIS ANIMAL HOSPITAL
CLIENT AND PET INFORMATION**

ABOUT US:

Welcome to Sardis Animal Hospital. Our staff is dedicated to making sure your pet receives the best possible care. Our hospital proudly maintains certification by the American Animal Hospital Association and upholds it's high standards of patient care, facilities and equipment. In order to establish a complete medical record on your pet we need some important information.

ABOUT YOU: (Please Print Clearly)

YOUR NAME: _____
 (or name of head of house hold) first name last name

SPOUSE'S NAME _____

STREET ADDRESS _____

MAILING ADDRESS (if different from above) _____

CITY _____ POSTAL CODE _____ PHONE # _____

YOUR OCCUPATION /EMPLOYER _____ WORK PHONE _____

SPOUSE'S OCCUPATION/EMPLOYER _____ WORK PHONE _____

*** as we frequently need to contact owners of hospitalized pets during the day or in the unlikely event of an emergency with your pet we greatly appreciate knowing your usual daytime phone number and the number of a friend or relative that we can contact.
 ALTERNATE PHONE # _____ NAME _____

PAYMENT POLICY

Hospital policy requires payment at the time services are rendered. This is not a reflection on your credit, but simply a method of reducing our expenses which are reflected in the cost of treatment. If you are unfamiliar with the cost of veterinary services, feel free to ask for estimates prior to treatment. A payment plan is available to established clients for emergencies.

USUAL METHOD OF PAYMENT: CASH ___ BANK CARD ___ VISA ___ or MASTER CARD ___

ABOUT YOUR PET

PET'S NAME: _____ DOG ___ CAT ___ BREED _____

COLOUR/MARKINGS _____ APPROX WEIGHT _____

DATE OF BIRTH : _____/_____/_____

 month day year

SEX : Intact Male _____ Neutered Male _____ Intact Female ___ Spayed Female ___

DATE OF LAST VACCINATIONS:

Dog : DHPL (Distemper) _____ Parvo _____ Rabies _____

Cat : FVRCP (Distemper/Respiratory) _____ Rabies _____ Leukemia _____

Is your pet currently on any medication ? YES ___ TYPE _____ NO _____

Does your pet have any allergies or illnesses ? _____

Please circle the words that describe your pet's reactions to people other than yourself:

Dominant	Aggressive	Shy	Fearful	Fear biter	Co-operative
Tolerant	Submissive	Friendly	Unruly	Quiet	Gentle
Biter	Lethargic	Sensitive	Enthusiastic	Energetic	Hates Veterinarians

RESTRAINT

****PLEASE!!! Please keep DOGS on a leash and CATS in a carrier. A frightened or anxious pet that is not controlled may escape through the door and head straight for the road!!!