



**Client Information Sheet**

**Pet Owner Information:**

Has your pet previously been a patient of one of our Specialists before? Yes  No

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_      Secondary Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Cell  Home  Other \_\_\_\_\_       Cell  Home  Other \_\_\_\_\_

Email \_\_\_\_\_

Name of Co-Owner \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_      Secondary Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Cell  Home  Other \_\_\_\_\_       Cell  Home  Other \_\_\_\_\_

Email \_\_\_\_\_

**Patient Information:**

Patient's Name \_\_\_\_\_

Species: Canine  Feline  Other       Breed \_\_\_\_\_

Color \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male  Neutered  Female  Spayed

Diet or brand fed \_\_\_\_\_ How often fed \_\_\_\_\_ When last fed \_\_\_\_\_

**Referring/Regular Veterinarian:**

Referring Veterinarian #1 \_\_\_\_\_ Hospital \_\_\_\_\_

Referring Veterinarian #2 \_\_\_\_\_ Hospital \_\_\_\_\_

**Medical Information:**

Are your pet's vaccinations up to date? Yes  No  Year of last rabies vaccine \_\_\_\_\_

Please describe the current problem for which your pet is here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List medications being administered (including over-the-counter medications). Please include dosage, frequency and duration that the medication has been administered to your pet

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Has your pet had any allergies or drug sensitivities? If yes, please list medications and reaction

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Has your pet ever had a previous surgery? If yes, please describe briefly

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### We love patient stories!

Do we have your permission to share your pet's image and story on our social media and/or website? Your name and personal information will never be shared, we only use your pet's first name

Yes  No

### Services

I understand that payment in full is due at the time services are rendered. Should my pet need hospitalization, a prepayment will be required.

*(Payments may be made by cash, MasterCard, American Express or Visa.)*

### Code of Conduct

One of the most important criteria for the delivery of veterinary medical care from veterinarians and staff members at Salt River Veterinary Specialists is a polite, effective, comfortable, and open avenue for communication. In order to provide the best care for our patients, it is imperative that there is mutual trust and respect between doctors, staff, and clients. Please maintain a respectful demeanor when communicating your needs and concerns to our staff. Verbal abuse will not be tolerated and may be grounds for dismissal from our practice.

Signature of Owner  
or Responsible Agent \_\_\_\_\_

Date \_\_\_\_\_

### How did you hear about our hospital?

My Veterinarian  Friend  Internet  Magazine  Other  \_\_\_\_\_