

# Summerwood Veterinary Clinic

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a moment to complete the following information.

## HOW DID YOU FIRST HEAR OF OUR CLINIC?

\_\_\_\_\_ Location, \_\_\_\_\_ Yellow Pages, \_\_\_\_\_ Personal Reference (IF SO WHOM MAY WE THANK?) \_\_\_\_\_

## CLIENT INFORMATION

Owner's Name \_\_\_\_\_ Spouse/Other Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Previous or Current Veterinarian \_\_\_\_\_ May we request records from your previous or current Veterinarian? \_\_\_\_\_ May We Send Medical Information To Your Grooming Or Boarding Facility? \_\_\_\_\_ May We Send You Reminders Via E-Mail ? \_\_\_\_\_ May We Send You Pet Health Information (NOT SPAM ) Every Few Months? \_\_\_\_\_

## PET INFORMATION

Name \_\_\_\_\_ Cat Dog Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Male Female Spayed or Neutered (Yes) (No) Microchip # \_\_\_\_\_

## VACCINATION HISTORY

### DOGS

(Indicate date vaccinations were given)

\_\_\_\_\_ DHLPP

\_\_\_\_\_ RABIES

\_\_\_\_\_ BORDETELLA

\_\_\_\_\_ HEARTWORM TEST

\_\_\_\_\_ LYME

### CATS

\_\_\_\_\_ FVRCP

\_\_\_\_\_ RABIES

\_\_\_\_\_ FELINE LEUKEMIA

\_\_\_\_\_ FELINE LEUKEMIA TEST

WE WILL GLADLY PREPARE A WRITTEN ESTIMATE FOR OUR SERVICES. PLEASE NOTE PAYMENT IS DUE AT THE TIME OF SERVICES. I AUTHORIZE SUMMERWOOD ANIMAL CLINIC TO EXAMINE / TREAT MY PET AND WILL BE RESPONSIBLE FOR THE FEES INCURRED.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_