



**OWNER/PATIENT INFORMATION SHEET**

Thank you for bringing your pet to the Northwest Veterinary Hospital. Please print information for our record.

Owner's Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last First Initial

Co-Owner's Name: \_\_\_\_\_  
Last First Initial

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

Telephone: \_\_\_\_\_  
Home Cell Work

Best number to reach you at:  Home  Cell  Work

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

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

All fees are payable at the at the time the patient is released.

Please indicate your choice of payment:  Cash  Check  Visa/MC

Please check your preferences:

- I want to learn as much as I can about my pet's health care; explain in detail what has been done or what needs to be done.
- I would prefer a summary rather than details about my pet.
- I want a healthy pet, but I don't need to know what was done.
- I would like to be present when my pet is examined and treated.
- I would rather not be present during examination and treatment.

What prior illness or surgery should we know about? \_\_\_\_\_

Drug Allergies? \_\_\_\_\_ Current Medications? \_\_\_\_\_

	PET 1	PET 2	PET 3
Name:.....			
Species: (Cat, Dog, Other).....			
Breed:.....			
Color:.....			
DOB:.....			
Sex:.....			
Neutered: (Spayed or Castrated?).....			
Type of last vaccination.....			
Date of last vaccination.....			

How did you first hear of our hospital? \_\_\_\_\_

\_\_\_\_\_  
Client's Signature