

## CLIENT INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
DRIVER'S LICENSE NO. (Optional) \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
SPOUSE OR CO-OWNER \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ SPOUSE/CO-OWNER'S WORK PHONE \_\_\_\_\_  
IF NECESSARY, MAY WE CALL YOU AT WORK? \_\_\_\_\_ SPOUSE CELL PHONE \_\_\_\_\_  
ARE THERE CHILDREN IN THE HOUSE? \_\_\_\_\_ NO \_\_\_\_\_ YES HOW MANY? \_\_\_\_\_ AGES? \_\_\_\_\_  
IS THIS YOUR FIRST VISIT TO THIS HOSPITAL? \_\_\_\_\_ IF CHANGING PET CARE FACILITIES, WHAT IS THE  
REASON FOR YOUR CHANGE? \_\_\_\_\_  
HOW DID YOU LEARN OF THIS PRACTICE? \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_ HOSPITAL SIGN \_\_\_\_\_ WEBSITE  
\_\_\_\_\_ PERSONAL RECOMMENDATION - WHO MAY WE THANK? \_\_\_\_\_  
PLEASE SHARE YOUR E-MAIL ADDRESS: \_\_\_\_\_  
BY SHARING YOUR EMAIL YOU CAN RECEIVE REMINDERS, REFILL PRESCRIPTIONS, REQUEST APPOINTMENTS, CHECK VACCINATION  
DUE DATES, ETC. FOR YOUR PET(S)

## PATIENT INFORMATION

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ SPAYED/NEUTERED? YES / NO  
WHERE DID YOU ACQUIRE PET? (ie. BREEDER, SHELTER, PET SHOP, OTHER) \_\_\_\_\_  
DATE OF PET'S LAST VACCINATIONS \_\_\_\_\_  
NAME OF HOSPITAL/CLINIC WHERE GIVEN: \_\_\_\_\_ PHONE \_\_\_\_\_  
DO WE HAVE YOUR PERMISSION TO CONTACT YOUR PREVIOUS VETERINARIAN FOR YOUR PETS RECORDS? YES / NO  
DO WE HAVE YOUR PERMISSION TO ADD YOUR NEW PET'S PICTURE TO OUR WEBSITE? YES / NO

## PAYMENT POLICY

**ALL FEES ARE DUE AT THE COMPLETION OF EACH VISIT.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards and Care Credit. There will be a service charge for any check returned unpaid.

YOUR PAYMENT METHOD WILL BE: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MASTERCARD  
DISCOVER \_\_\_\_\_ \*CARE CREDIT  
VISA

\* IF YOU ARE NOT FAMILIAR WITH CARE CREDIT, PLEASE ASK US FOR DETAILS

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

**Brief History:**

1. Has your pet been examined in the last 12 months and if so, for what reason? yes no  
\_\_\_\_\_
2. Has your pet ever experienced any allergic reaction to a prescribed medication? yes no  
If so, which one(s)? \_\_\_\_\_
3. Does your pet have direct contact with other animals? yes no  
If yes, please explain: \_\_\_\_\_
4. Has your pet ever had difficulty with anesthesia or tranquilizing drugs? yes no  
If yes, please explain: \_\_\_\_\_
5. Is your pet currently on medication? yes no  
If yes, which meds: \_\_\_\_\_

Please list any other information that may assist the veterinarian in evaluation of your pet's health condition:

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**So that we are able to suit your individual needs, which do you feel applies to you:**

Check One.

- I feel that my pet is another member of our family.  
 I feel that my pet is just a pet.

Check One.

- I want the best medical care available for my pet; please recommend anything necessary for good health.  
 I want good medical care for my pet, but there is a limit to what I am able to have done.  
 I want you to perform only the services that I request.

Check One.

- I want to learn as much as I can about pet health care - please give me detailed information on what's needed.  
 I would prefer you just summarize what has been done for my pet or what is needed.  
 I want my pet healthy, but don't need to know what has been done.

Check One.

- I prefer to be present when my pet is examined and treated.  
 I would rather not see my pet examined and treated.

Oakwood Hills Animal Hospital  
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