

# PATIENT-CLIENT INFORMATION SHEET

## COUNTY ANIMAL CLINIC, INC.

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<https://www.facebook.com/CountyAnimalClinic>

PLEASE PRINT (Please fill this form out completely so that we may be of better service to you.)

Date: \_\_\_\_\_

Client I.D. \_\_\_\_\_

(for office use only)

Owner's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Owner's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Spouse's Work Phone Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

### PET INFORMATION:

Pet's Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Breed \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Color \_\_\_\_\_ Spayed or Neutered? Yes \_\_\_ No \_\_\_

Other Pets: Name: \_\_\_\_\_ Breed \_\_\_\_\_ Age: \_\_\_\_\_

Previous Veterinarian(s) \_\_\_\_\_

REASON(S) FOR THIS VISIT (problems) \_\_\_\_\_

### MEDICAL HISTORY

Please check if your pet has had the following preventative health care:

#### **CATS:**

FVRCP Vaccination Yes \_\_\_ No \_\_\_

Leukemia Vaccination Yes \_\_\_ No \_\_\_

Feline Infectious Peritonitis Yes \_\_\_ No \_\_\_

Rabies Vaccination Yes \_\_\_ No \_\_\_

Feline Leukemia/FTLV Test Yes \_\_\_ No \_\_\_

Dental Exam/Cleaning Yes \_\_\_ No \_\_\_

Fecal Exam Yes \_\_\_ No \_\_\_

Is your cat on Flea Preventative? Yes \_\_\_ No \_\_\_

#### **DOGS:**

Distemper/ Parvo Corona Yes \_\_\_ No \_\_\_

Rabies Vaccination Yes \_\_\_ No \_\_\_

Heartworm Test Yes \_\_\_ No \_\_\_

Dental Exam/Cleaning Yes \_\_\_ No \_\_\_

Fecal Exam Yes \_\_\_ No \_\_\_

Is your dog on Heartworm Preventative? Yes \_\_\_ No \_\_\_

Is your dog on Flea Preventative? Yes \_\_\_ No \_\_\_

Is your pet currently receiving any medication? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Does your pet have any known drug allergies? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

### HOW DID YOU BECOME AWARE OF OUR CLINIC ?

(PLEASE CIRCLE) SIGN YELLOW PAGES NEWSPAPER ADVERTISEMENT HERE PREVIOUSLY

INTERNET/SOCIAL MEDIA FRIEND/RELATIVE (who) \_\_\_\_\_

### ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Please tell us how you will be paying your bill by circling one of the following

CASH CHECK VISA MASTERCARD DISCOVER OTHER \_\_\_\_\_

Payment in full, by cash, check or credit card, is expected when treatment is performed or animal is discharged. In case of emergency hospitalization, deposit arrangements must be made with the receptionist. On your request we will provide you with a written estimate of fees before care is provided.

PAYMENT POLICY RECEIVED (Please sign) \_\_\_\_\_