



# MYRTLE VETERINARY HOSPITAL

## CLIENT INFORMATION: (Please print)

OWNER(S) \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
First name Last name First name Last name  
 Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_ / Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

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

Street City State Zipcode

Mailing address \_\_\_\_\_

Street City State Zipcode

Phone #( ) \_\_\_\_\_ Cell #( ) \_\_\_\_\_

Employment \_\_\_\_\_ Work #( ) \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### PATIENT NAME:

SPECIES \_\_\_\_\_ BREED \_\_\_\_\_  
 COLOR \_\_\_\_\_ (MALE) (FEMALE) OR (SPAYED) (NEUTERED) AGE \_\_\_\_\_

### MEDICAL HISTORY:

#### MEDICATIONS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**VACCINATIONS HISTORY:** Has your animal had these vaccinations within the last year?

**Feline(Cat):** (DISTEMPER) (FELINE LEUKEMIA) (UPPER RESPIRATORY) (RABIES)

**Canine(Dog):** (DISTEMPER)(PARVO)(HEPATITIS)(PARAINFLUENZA)(BORDETELLA)(RABIES)

**WHO WAS YOUR PREVIOUS VETERINARIAN:** \_\_\_\_\_  
 (Address & Phone) \_\_\_\_\_

**WHO WILL YOU ALLOW TO PICK UP YOUR ANIMALS?**

1. \_\_\_\_\_ PHONE \_\_\_\_\_  
 2. \_\_\_\_\_ PHONE \_\_\_\_\_

You are financially responsible for the timely payment of your bill per our payment policies. You are responsible for all monthly billing and interest fees. You are responsible for any and all collection agency fees up to fifty percent of the amount placed with, or assigned to, the collection agency. In the event we seek legal action for collection on your account, you may also be responsible for any and all fees associated with court costs, garnishments, and/or attorney fees.

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