



Pet Medical Center of Urbandale
Client/Patient Information

Thank you for this opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both pages of this information sheet.

Last Name: _____ **First Name:** _____ **Addl' Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work (optional):** _____

Email: _____

In case of an Emergency, call: _____ **at phone #:** _____

Has your pet been examined by a veterinarian in the past 12 months? Yes No

Name of Current/Previous Veterinarian: _____

Can we contact them for previous medical records?: Yes No Phone Number: _____

How did you hear about our clinic?

- () Friend, family, co-worker? Someone we may thank for the kind referral?
(Please provide name) _____
- () Facebook, Twitter (social media)
- () Google
- () Hospital Sign/Drive by
- () Website
- () ARL/Animal Shelter/Humane Society - Name _____
- () Other: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines, heartworm test, and intestinal parasite exam.

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the next page. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. There will be a service charge for any check returned unpaid.

Signature _____ **Date** _____

**** Please check here if you qualify for our Senior Discount (age 65 or older)** _____

Pet Information and Medical History

(Please place all pets on this sheet even if we are not seeing all of them at this visit)

| Please complete information for all your pets – Thank you! | Pet #1 | Pet #2 | Pet #3 | Pet #4 |
|--|--------|--------|--------|--------|
| Pet's name | | | | |
| Species (dog, cat, etc.) | | | | |
| Breed | | | | |
| Color (description) | | | | |
| Age or Date of Birth | | | | |
| Sex | | | | |
| Spayed (Female) or Neutered (Male) | | | | |
| Heartworm/Flea Preventatives Using | | | | |
| Outdoor/Indoor | | | | |

| |
|---|
| Medical History – Prior Illness/Surgery/Allergies/Current Medications: |
| |
| |
| |
| |

Thank You! We look forward to seeing you and your pets!

Dr. Kristin DeVries, and the staff of Pet Medical Center of Urbandale