

Coddle Creek Animal Hospital
Feline Client & Patient Data

Owner _____ Home Phone (____)____ - _____ Work Phone (____)____ - _____

Spouse _____ Home Phone (____)____ - _____ Work Phone (____)____ - _____

Street _____

City/State _____ Zip Code _____ County _____

Place of Employment _____ Spouse _____

DL# _____ SS# _____

Emergency Contact _____ Phone (____)____ - _____

Email Address: _____

0Last Veterinary Clinic to Vaccinate Your Pet _____ Shall We Get Your Records? YES
 NO

	First Pet	Second Pet	Third Pet
PET'S NAME			
BREED			
AGE			
SEX	M F	M F	M F
SPAY/NEUTER	YES NO	YES NO	YES NO
COLOR			

Dates of Last Vaccines

	First Pet	Second Pet	Third Pet
Distemper			
Leukemia			
Rabies			
FIV/Leukemia Test			
Fecal Parasite Exam			

Any known Vaccine Reactions? _____

Do you board your pets? _____

To prevent the spread of infectious diseases and parasites, all pets must be vaccinated and be free of internal and external parasites (hookworms, roundworms, tapeworms, fleas, ticks, etc.) or they will be treated on entry or discovery at owner/agent's expense.

AUTHORIZATION FOR EMERGENCY CARE

Should an emergency arise, I authorize the medical staff to administer a tranquilizer or perform such emergency procedures as may be necessary for the health of my pet. I agree to pay in full, for all necessary services rendered for and to my pet.

ALL SERVICES MUST BE PAID IN FULL AT THE TIME OF DISCHARGE.

Payment can be made by: CASH CHECK CREDIT CARD

I have read these conditions for the care of my pet. If I neglect to notify the hospital of delay of fail to pick up my pet within 5 days, you may consider my pet abandoned and are hereby authorized to dispose of my pet as deemed best and necessary.

Owner/Agent _____ **Date** _____