

# Ridgewood Veterinary Hospital

## PATIENT/ CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

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

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Children (first names & ages): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/PC: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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

Employer's Name & Address: \_\_\_\_\_

Spouse's/ Other Employer & Address: \_\_\_\_\_

At what time: \_\_\_\_\_ and what phone number : \_\_\_\_\_ is it best to call about your pet?

In case of EMERGENCY, please call: \_\_\_\_\_ at telephone number: \_\_\_\_\_.

**We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If you pay by check or credit card, please complete the following (if state law allows):**

Personal Check: \_\_\_\_\_ Driver's license: State/Prov: \_\_\_\_\_ Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Acct. Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

How did you hear about our hospital? Location: \_\_\_\_\_ AAHA referral: \_\_\_\_\_

Individual; someone we may thank? \_\_\_\_\_ Hospital Sign: \_\_\_\_\_

Yellow Pages for location: \_\_\_\_\_ Yellow Pages for service(s): \_\_\_\_\_ Internet: \_\_\_\_\_ Newspaper Ad: \_\_\_\_\_

Another Veterinarian (Name): \_\_\_\_\_ Pet Store: \_\_\_\_\_

Other: \_\_\_\_\_

We consider our pet(s): Part of the family \_\_\_\_\_ Just as pets \_\_\_\_\_

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.** I authorize the doctor to provide vaccines and parasite control as needed for my pet. \_\_\_\_\_

Comments: \_\_\_\_\_

**(PLEASE TURN PAGE OVER FOR PET INFORMATION, PLEASE)**

**ANIMAL MEDICAL HISTORY**  
**(PLEASE COMPLETE ALL INFORMATION FOR EACH PET)**

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Length of Time Owned			
Altered or Spayed			
Vitamins (type)			
Diet (kind of pet food)			
Type of Grooming Products			
Hours Spent Outside Each Day			
VACCINATIONS			
DHLP			
Parvovirus			
FVRPCP			
Rabies			
Feline Leukemia Test			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exams			
Dentistry			
Prior Illness			
Prior Surgery			

Pet Origin: yteicoS enamuH \_\_\_ pohS teP \_\_\_ lenneK \_\_\_ tnemesitrevdA \_\_\_  
 \_\_\_ dneirF yartS \_\_\_ Breeder: \_\_\_ lauidvidnI \_\_\_ RVH Adopt A Pet Day \_\_\_

Computer Entry By (Initials): \_\_\_\_\_