

# South Shore Animal Hospital



4170 E K-268 HWY Vassar, KS 66543

785-828-4114

## Patient and Client Information Sheet

Thank you for giving South Shore Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following.

Owner \_\_\_\_\_ Co-owner \_\_\_\_\_

Address \_\_\_\_\_

Residence Phone \_\_\_\_\_ cell# \_\_\_\_\_ cell# \_\_\_\_\_

e-mail address \_\_\_\_\_

How did you become aware of our hospital? (Please circle one) internet Hospital sign

Yellow pages previous client professional referral

Personal recommendation-Whom may we thank? \_\_\_\_\_

So that we are better able to suit your individual needs-which do you feel most applies to you:

Circle one

1. I feel that my pet is another member of our family
2. I feel that my pet is just a pet

Circle one

1. I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health
2. I want good medical care for my pet; please recommend anything that you feel is necessary for good health
3. I want you to perform only the services that I request

Circle one

1. I want to learn as much as I can about pet health care; please explain in detail what has been done for my pet or what is needed
2. I would prefer you just to summarize what has been done for my pet or what is needed
3. I want my pet healthy, but don't need to know what has been done

Circle one

1. I prefer to be present when my pet is examined and treated
2. I would rather not see my pet examined and treated

Would you like us to keep you informed about procedures to lengthen your pet's life or quality of life?

Yes \_\_\_\_\_ No \_\_\_\_\_

How old was your pet when you acquired it? \_\_\_\_\_

How many hours is your pet outside each day? \_\_\_\_\_

What is the best time to reach you at home? \_\_\_\_\_

What prior illnesses or surgeries should we be aware of? \_\_\_\_\_

### Pet Information

	Pet 1	Pet 2	Pet 3
Name			
Species (cat, dog)			
Breed			
Color/markings			
Date of birth			
Sex			
Spayed or neutered			
Heartworm Prevention			
Flea Prevention			
Other Medications			

Are any of the following a concern to you in your pet's behavior? (Please Circle)

Excessive barking      biting      shedding      straying from home  
House breaking      smell      problem around children  
excessive itching/scratching      wetting/spraying in house      overly rambunctious

Is your pet/pets currently on a special diet? \_\_\_\_\_

What health care or grooming products are you currently using? \_\_\_\_\_

List any known drug allergies \_\_\_\_\_

Signature \_\_\_\_\_

Again, **Thank You** for giving us the opportunity to serve you & your pet's needs!