



Client Information Sheet

NAME: Dr. Mr. Mrs. Ms. _____
Last First Middle

NAME PREFERRED: _____ SPOUSE'S NAME: _____

ADDRESS: _____
Street Mailing

CITY: _____ ZIP: _____ E-MAIL: _____

PHONE: HOME: _____ CELL: _____ WORK: _____

SPOUSE'S CELL: _____ SPOUSE'S WORK: _____ PREFERRED NUMBER: _____

SOCIAL SECURITY NO. _____ BIRTHDAY: _____

Eastside Animal Hospital requires your driver's license or photo ID.

HOW DID YOU LEARN ABOUT EASTSIDE ANIMAL HOSPITAL?

- Animal Shelter
- Front Sign
- Internet
- Newspaper
- Radio
- Yellow Pages
- Used Before
- Veterinary Emergency Care
- Other: _____

Whom may we thank for referring you to our practice: _____

METHOD OF PAYMENT: Care Credit Cash Check Credit Card Debit
AmEx/Discover/MC/Visa

Eastside Animal Hospital requires that all fees be PAID IN FULL when service is rendered.

PET NAME: _____ CAT DOG BREED: _____

DATE OF BIRTH: _____ COLOR: _____ MALE NEUTERED FEMALE SPAYED

Vaccination History: Please include the date you pet last received these vaccines

DOG:

DAPP: _____ Rabies: _____ Corona: _____ Lyme: _____ CIV: _____ Bordetella: _____

CAT:

RCP: _____ Rabies: _____ Feline Leukemia _____ FIV: _____

Has your pet been checked for **INTESTINAL WORMS** within the last six months? YES NO

Is your dog/cat on **HEARTWORM** prevention? YES NO If yes, what type? _____

Major Medical Problems: (Past or Present) _____

Prescription Medications: (include flea prevention) _____

Housing: Indoor Outdoor Roams Freely Always Fenced/Leashed (Check all that apply)

Number and type of other pets in household: _____

Media Release

Do we have your permission to use your pet's picture on our social media? _____ Yes _____ No

Intake Receptionist: _____