CARDINAL ANIMAL HOSPITAL

New Patient/Client Information Sheet

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

Owner' Name: _____ **Spouse/Other:** _____

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

Home Phone: ( ) _____ **Email** _____

Your information is used for internal purposes only. We send out treatment reminders via email. If you would like to receive text messages in addition to emails for your reminders, please opt-in by initaling this box. ☐

Cell Phone: ( ) _____ **Spouse/Other Cell Phone** ( ) _____

Employer Name _____ **Phone** ( ) _____

Spouse/Other Empl. Name _____ **Phone** ( ) _____

Name of previous Veterinarian _____

How did you hear about us? (Friend, yellow pages, internet) _____

INFORMED VACCINATION CONSENT

I understand that vaccine reactions sometimes may occur and can cause adverse effects in some pets. If this should occur, I will be responsible for any costs related to their treatment. I have been informed about the risks and benefits associated with vaccinating or not vaccinating my animal. I understand that by signing below I authorize Dr. Ben Minor, Cardinal Animal Hospital, and its authorized personnel to give vaccinations deemed necessary by Dr. Minor. This informed consent will remain in effect indefinitely or until the client and/or Dr. Minor deem the vaccinations unecessary.

Signature _____ ***Date*** _____

Animal Medical History

information for all of your pets.	Pet #1	Pet#2	Pet#3	Pet#4
Pet's Name				
Sex	Male / Female	Male / Female	Male / Female	Male / Female
Neutered/Spayed?	Yes / No	Yes / No	Yes / No	Yes / No
Date of Birth				
Breed				
Color/markings				
Species (dog, cat, other)				

PAYMENT IS DUE AT TIME OF SERVICE