

# MAINE COAST VETERINARY HOSPITAL

## CLIENT/PATIENT INFORMATION FORM

Today's date: \_\_\_\_\_ (PLEASE PRINT)

### CLIENT INFORMATION

Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Spouse/Significant Other's name:
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Co-owner, if applicable:	What do you prefer to be called?
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Street address:	City:
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State:	Zip Code:	Preferred phone number (please label cell, home, etc.) (    )	Secondary phone number (please label cell, work, etc.): (    )
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Mailing address if different from above:

Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Email address:	How would you prefer to receive reminders? <input type="checkbox"/> Email <input type="checkbox"/> Postcard
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How did you hear about us? Please let us know who referred you (if applicable) <input type="checkbox"/> Family _____ <input type="checkbox"/> Friend _____	<input type="checkbox"/> Internet	<input type="checkbox"/> Yellow Pages
	<input type="checkbox"/> Close to home	<input type="checkbox"/> Other

Who can we contact to get previous medical information for your pet?

### PET INFORMATION

**Pet's name:** \_\_\_\_\_

Birthdate or approximate age:	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered	<input type="checkbox"/> Cat	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed	<input type="checkbox"/> Dog	_____

Breed:	Color :	Cats only: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
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Diet:	Currently on flea/tick preventive: <input type="checkbox"/> Yes <input type="checkbox"/> No	Heartworm preventive: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, which one: _____	If so, which one: _____

Any known drug reactions?

List other pets at home:

Brief medical history:

Media Release (OPTIONAL): I give Maine Coast Veterinary Hospital authorization to use my pet's photo, story, and medical information for educational purposes and/or on social networking websites such as, but not limited to, our website and Facebook. (Owner name/information will **NOT** be used.)

I agree    Signature: \_\_\_\_\_     Please do not use my pet's information

_____ <i>Signature</i>	_____ <i>Date</i>
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