



# COBBS FORD PET HEALTH CENTER

Prattville, AL 36066

## CLIENT INFORMATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Title: Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ (circle one) Email address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone \_\_\_\_\_ May we call you at work? \_\_\_\_\_  
 Spouse \_\_\_\_\_ Employer and number \_\_\_\_\_

### HOW DID YOU FIRST BECOME AWARE OF OUR CLINIC?

Drive By  Yellow Pages  Humane Society  Friend or Neighbor  Adoption  Groomer  
 Referral from another doctor  Chamber of Commerce  Other  May we thank them for referring you? \_\_\_\_\_

Name of person who referred you \_\_\_\_\_ Address \_\_\_\_\_

### PLEASE CHECK ONE:

I feel my pet is a member of our family!  I feel my pet is just a pet.

### PLEASE CHECK ONE:

I want the best medical care for my pet; please recommend what you feel is necessary for good health!  
 I want good medical care for my pet, but there is a limit to what I am able to have done.  
 I want you to perform only the services that I request.

### PLEASE CHECK ONE:

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!  
 I would prefer you just summarize what has been done for my pet or what is needed.  
 I want my pet healthy, but I do not need to know what has been done.

### PLEASE CHECK ONE:

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

	PET #1	PET #2	PET #3
<b>Pet's Name</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Date of Birth</b>			
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Neutered or Spayed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What prior illnesses or surgery should we know about? \_\_\_\_\_

Is your pet currently on a special diet or medication? \_\_\_\_\_

Please list any know drug allergies: \_\_\_\_\_

ALL FEES ARE DUE UPON RELEASE.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_