



# Vestal Veterinary Hospital Client & Patient Information



*Thank you for choosing Vestal Veterinary Hospital for the care of your pet.  
Please assist us by completing this form.*

**Please Print**

Date \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
Spouse/Associate \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Spouse's Work Phone \_\_\_\_\_

Name of anyone else authorized to order treatment or obtain patient information \_\_\_\_\_

Patient's Name \_\_\_\_\_  Dog  Cat  Bird  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Color \_\_\_\_\_ Sex:  Male  Female  Spayed  Neutered

**Other Pets in Household:**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Patient already? Yes / No  
Name \_\_\_\_\_ Breed \_\_\_\_\_ Patient already? Yes / No  
Name \_\_\_\_\_ Breed \_\_\_\_\_ Patient already? Yes / No

**How did you choose Vestal Veterinary Hospital?**

Referred by \_\_\_\_\_  Previous client with another pet  
 Yellow Page Advertisement  Noticed building driving by  
 Receptionist or doctor  Other \_\_\_\_\_

Special Characteristics/Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On occasion we find it necessary to contact you by phone about your pet. If you are not available, do we have your permission to leave medical information about your pet on your answering machine?  Yes  No \_\_\_\_\_  
(Signature)