



Animal Health Centre

4750 S. Colony Blvd, Suite 106
The Colony, Texas 75056
Office: 469-384-1247
Fax: 469-384-1250

Compassionate Care

Because your pets are more than animals, they're family

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____
Address _____ Spouse's Work Phone _____
City, State, Zip _____ Spouse's Cell Phone _____
Home Phone _____ Best method to reach you _____
Work Phone _____
Cell Phone _____

All Fees Are Due At The Time Services Are Rendered.

Please indicate choice of payment: Cash Check VISA MasterCard American Express Discover Debit Card Care Credit

How Did You Become Aware Of Our Clinic?

Sign Yellow Pages Mailer Internet Here Previously Friend/Relative: Who? _____

PATIENT INFORMATION

	PET #1	PET #2	PET #3
NAME			
BREED			
AGE / DATE OF BIRTH			
COLOR			
SEX			
SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY	DATE		
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST / PREVENTION			
YOUR CAT'S VACCINATION HISTORY			
RABIES			
FVRCCP (DISTEMPER)			
LEUKEMIA VACCINATION			
FECAL (STOOL SAMPLE)			
LEUKEMIA / FIV TEST			
ANY SERIOUS ILLNESSES OR SURGERIES?			
ANY ALLERGIC REACTIONS TO VACCINATIONS OR MEDICINES?			
ANY SPECIAL DIETS OR MEDICATIONS?			
ANY OTHER INFORMATION WE SHOULD BE AWARE OF?			
OUR PET IS (CIRCLE ONE)	A MEMBER OF OUR FAMILY	CHILD'S PET	BACKYARD PET