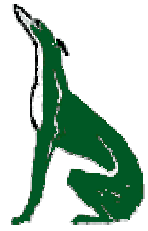




Speedway Veterinary Hospital, Inc.



PATIENT/CLIENT INFORMATION

Welcome to *Speedway Veterinary Hospital, Inc.* Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both pages of this information sheet. If you have any questions we would be happy to help you. We look forward to working with you to maintain your pet's health.

Name/Title _____ Spouse/Co-Owner _____

Address _____ City _____ Zip _____

Home Telephone _____ E-mail Address _____

Cell Phone _____ Spouse/Co-Owner Cell Phone _____

Employer _____ Employer Telephone _____

Spouse's Employer _____ Employer Telephone _____

In case of EMERGENCY, please call _____ Telephone _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign Direct Mail Brochure Yellow Pages Ad Newspaper Internet Search

Referred by _____

WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks drawn from a local bank with a valid driver's license, Debit cards, VISA, MasterCard, Discover Card and Care Credit.

We will charge a \$35.00 fee for returned checks.

There will be a \$15.00 fee for appointments canceled with less than 24 hours notice.

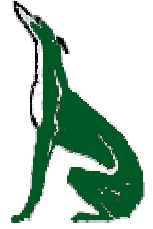
TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE _____ DATE _____

Please List Individual Pet Information on the Animal Identification and Medical information form.



Speedway Veterinary Hospital, Inc.



ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Species			
Breed			
Color			
Age			
Date of Birth			
Sex/Altered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Most Recent Vaccinations			
Da2PPC/L (Canine)			
Bordetella (Canine)			
Rabies (Canine & Feline)			
Giardia (Canine & Feline)			
Rattlesnake (Canine)			
FIV/Felv Test (Feline)			
FIV (Feline)			
FELV (Feline)			
FIP (Feline)			
FVRCCP (Feline)			
Diet (Brand & Amount)			
Prior Illness			
Current Medications			