PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Barrington Oaks Veterinary Hospital, LLC the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

MR.
MRS. OWNER(S) _____ SPOUSE'S _____
DR. LAST FIRST INITIAL LAST FIRST INITIAL
MS.

CHILDREN _____ _____ _____ _____
FIRST NAMES FIRST NAMES FIRST NAMES FIRST NAMES

ADDRESS _____
CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ SPOUSE'S WORK PHONE: _____

PLACE OF EMPLOYMENT: _____ / _____ ADDRESS: _____
EMPLOYER TITLE

SPOUSE'S PLACE OF EMPLOYMENT: _____ / _____ ADDRESS: _____
EMPLOYER TITLE

IF NECESSARY, MAY WE CALL YOU AT WORK? ☐ YES ☐ NO

ALL FEES ARE DUE UPON RELEASE OF PATIENT. PAYMENT CHOICES AVAILABLE:
☐ **CASH** ☐ **CHECK (Driver License Required)** ☐ **MC/VISA**

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? ☐ YELLOW PAGES ☐ HOSPITAL SIGN ☐ INTERNET ☐ OTHER
☐ PERSONAL RECOMMENDATION • WHO MAY WE THANK? _____
NAME

	NAME	DOG OR CAT	BREED	COLOR	SEX	ALTERED	AGE OR BIRTHDATE	VACCINATION DATES DOG-DHPPL	CAT-PRC	RABIES
PET 1										
PET 2										
PET 3										

Other vaccinations given? (ie. Feleuk, Coronavirus, Bordetella, Lymes.) _____

What prior illness or surgery should we know about? _____

List any known drug allergies. _____

Is your pet currently on a special diet or medication? _____

So that we are able to suit your individual needs - which do you feel most applies to you:

Check one.
(1) ☐ I feel that my pet is another member of our family.
(2) ☐ I feel that my pet is just a pet.

Check one.
(1) ☐ I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
(2) ☐ I want good medical care for my pet, but there is a limit to what I am able to have done.
(3) ☐ I want you to perform only the services that I request.

Check one.
(1) ☐ 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.
(2) ☐ I would prefer you just summarize what has been done for my pet or what is needed.
(3) ☐ I want my pet healthy, but do not need to know what has been done.

Check one.
(1) ☐ I prefer to be present when my pet is examined and treated.
(2) ☐ I would rather not see my pet examined and treated.

Again, thank you for giving us the opportunity to serve you!