



The Standard of Veterinary Excellence

Wildwood Animal Hospital & Clinic LLC
Patient/Client Information

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 sides of this information sheet.

Date
Owner's Name Spouse/Other
Other authorized caretakers for my pet
Address City State Zip
Home Phone Cell Phone Work Phone
Employer's Name Spouse/Other's Employer
In case of an EMERGENCY, please call (name) (number)
E-mail address Don't forget to sign up for your pet's individual pet portal. Check on our website for details.

We will gladly prepare a written estimate if you desire. Please ask the technician or doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.

Payment Terms Desired: SS Number
Cash Driver's License #
Check Signature
Mastercard/Visa/Discover
Care Credit-for more information, please ask at the front desk.

How did you first hear of our hospital?
Individual: Someone we can thank?
Yellow pages Hospital sign AAHA Referral
Website Facebook Other:

Do you currently have pet health insurance? Yes No

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

- 1. Check one: (A) I feel my pet is another member of our family. (B) I feel that my pet is just a pet.
2. Check one: (A) I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health. (B) I want good medical care for my pet, but there is a limit to what I am able to have done.
3. Check one: (A) 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. (B) I would prefer you just summarize what has been done for my pet or what is needed. (C) I want my pet healthy, but don't need to know what has been done.
4. Check one: (A) I prefer to be present when my pet is examined and treated. (B) I would rather not see my pet examined and treated.

**ANIMAL MEDICAL HISTORY (Please complete all information for each pet)**

	Pet #1	Pet #2	Pet #3
<b>Name</b>			
Species (cat, dog, other)			
Breed			
Description (color)			
Date of Birth			
Sex			
Altered or Spayed			
Length of Time Owned			
Diet (kind of food)			
Type of Grooming Products			
Hours Spent Outside Each Day			
<b>VACCINATIONS</b> Please list the dates given			
Distemper Combination (cat/dog)			
Rabies			
Lyme			
Bordetella			
Heartworm Test			
Feline Leukemia			
Fecal Exam			
Prior Illness			
Prior Surgery/Dentals			

**PET ORIGIN:**       Humane Society       Pet Shop       Kennel       Advertisement  
 Friend       Stray       Individual

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