



Mother Lode Veterinary Hospital

Client Information

Date: _____

Name _____ Spouse Name _____
 Street Address _____ City _____ Zip _____
 Mailing Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ Spouse Work Phone _____
 Place of Employment _____ Best Time to reach you _____
 Driver License # (req'd for checks) _____
 Emergency Phone _____ Cell Phone _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We accept: Cash Check Visa/Mastercard American Express Discover CareCredit

PATIENT INFORMATION

YOUR PET	LIST CURRENT MEDICAL CONCERNS
NAME:	
DOG or CAT:	
BREED	
BIRTH DATE:	
COLOR:	
SEX: Male/Neuter Female/Spay	
WEIGHT:	

VACCINATION HISTORY

HISTORY FOR DOGS: write date last given	HISTORY FOR CATS: write date last given
Rabies:	Rabies:
DHPP (distemper/parvo)	FVRCP (distemper)
Leptospirosis (lepto)	FELV (leukemia vaccine)
Lymes Bordetella	FIP or FIV?
Rattlesnake	Feline Leukemia Test?
Heartworm test/prevention?	

List any previous illnesses or surgeries, vaccination or medication allergies, special diets or medications you would like us to be aware of: _____

Would you like to be present during treatment of your pet? _____

How did you hear about us? Anyone we can thank for the recommendation? _____

Our pet is: _____ Member of our family _____ Child's pet _____ Backyard pet _____

Our request for payment at the time of service is not a statement of your credit or payment ability. Our hospital is better able to serve you and keep costs at the lowest possible level by following a cash basis method of payment. Your prompt payment is appreciated.