Patient Client Information Sheet

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

Owner's first name _____ last _____ Spouse's first _____ last _____
Address _____ City _____ State ___ zip _____ E-mail _____
Phone: Home _____ Work _____ Emergency _____ Spouse's _____

Employer _____ Title _____ Employment Address _____
Spouse's Employer _____ Title _____ Employment Address _____
How did you hear of CAMC? Internet ____ Hospital Sign _____ Recommendation _____
Who makes the final decision about treatment? Name _____
Payment Choice: Cash ___ Check ___ Visa/Mastercard/Discover ___ Card No _____
All fees are due upon release of patient. Driver's Lic. No _____

It is our policy to provide you with an estimate of fees upon request of any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required depending upon the amount of the estimate.

Pet Information:	**PET 1**	**PET 2**	**PET 3**
Species (Cat, Dog, Other)			
Breed			
Description			
Date of Birth			
Sex			
Altered (Yes No)			
Major Medical Problem			
Last Vacc. Date			
DA2PL (Dog)			
Parvovirus (Dog)			
FVRCP (Cat)			
Rabies (Cat)			
Rabies (Both)			
Heartworm Test			
Fecal Check (Worms)			
Dentistry			
Feleuk Test (Cat)			
Drug Allergies			

Any of these a concern of your pet's behavior?
____Barking
____Biting
____Shedding
____Straying
____Smelling
____Children
____Itching
____Scratching
Breaking
____Training
____Spraying
____Over active

Would you be interested in learning how to improve your pets manners?
__ Yes __ No

Is your pet currently on a special diet or medication_____
What health or grooming products are you using?_____
List any known drug allergies_____

Client's Signature: _____