Companion Animal Hospital

7132 Hwy 71 W Austin, TX 78735 (512) 288-2713

Date: _____

CLIENT INFORMATION

Last Name:	First Name:						
Address:	Zip Code: Zip Code:						
Phone Number:	City: State: Work Number:				r:		
	Fax Number: Cel						
How did you hear of us?							
Email Address:		!	Preferred Do	ctor:			
Drivers License Number:	Employer:						
F	PATIENT	INFORM <i>A</i>	ATION				
Name:							
Please Circle All That Apply: Birthday: Age:	MALE						
Breed:	Color: Species: _ d in the last year?						
Has your pet been vaccinated in	 the last yea	ar?		•	Yes	No	
If yes, please state the date, type							
Is your dog/cat currently on hear	tworm pre	ventative?			Yes _	_ No	
Has your dog/cat ever been on h	eartworm	preventative			Yes _	No	
Has your cat been tested for Feli	ne Leukem	ia or FIV?			Yes _	No	
Has your cat received the initial s	eries of Fe	line Leukemia	a vaccinations	s?	Yes_	No	
Your pet lives:			Ir	nside Ou	tside	Both	
Your pet's diet is:			Dry Kibble	e 100%_	_ 50%_	0%	
		Sof	t/Moist/Wet	100%	_ 50% _	0%	
		ŀ	Human Food_	100%	50%	0%	
What brand of food does your pe	et eat?						
How often do you bathe your pe	t?						
Has your pet had any serious me	dical proble	ems?			Yes_	No	
If yes, please state problem:							
Is your pet currently on any med	ication(s)?				Yes _	_ No	
If yes, what medication(s)?							
Does your pet have any known a	llergies (me	edication or o	ther)?		Yes _	_ No	
If yes, please state what they are	allergic to	• •					
Has your pet been anesthetized I	pefore?				Yes _	No	
If yes, were there any problems?							
Has your pet had dental work do	ne (cleanin	g or extraction	on)?		Yes _	No	
Has your pet had an EKG to scree	en for hidde	en heart disea	ase?		Yes _	No	
If so, when?							