

***Cheyenne Tonopah Animal Hospital
3348 N. Rancho Dr.
Las Vegas, NV 89130***

***Patient and Client
Information Sheet***

Thank you for giving Cheyenne-Tonopah Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following form. Please print and use no abbreviaions.

Owners Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-Mail _____

Place of Employment _____

Position _____ Work Phone _____

Social Security # _____

Spouse's Employment _____

Position _____ Work Phone _____

Social Security # _____

If necessary can we call you at work _____ Yes _____ No

REFERRAL SOURCE: _____ Yellow Pages _____ Hospital Sign _____ Humane Society
_____ Personal Recommendation (who may we thank?) _____

Pet Information

Name of Pet _____

Pet #1

Pet #2

Date of Birth _____

Breed _____

Color _____

Sex _____

Spay/Neuter (Date) _____

Pet Health Record

Vaccination history: Please check the vaccinations your pet has received and fill in the approximate dates when last given.

Canine _____ **Date** _____ **Date** _____

_ Distemper (Da2P) _____

_ Parvovirus _____

_ Coronavirus _____

_ Bordatella _____

_ Lymes _____

_ Rabies _____

Feline _____

_ Distemper _____

_ Rhinotracheitis _____

_ Calicivirus _____

_ Felv _____

_ Fip _____

Health questions for your pet

1. Does your pet currently take any medications, if so please list them.
No ___ Yes _____

2. Does your pet have any conditions we should be aware of, if so please list them:
i.e. allergies, heart problems, kidney problems, etc.
No ___ Yes _____

3. What surgeries has your pet undergone other than routine spay or neuter?

4. Is your pet allergic to any medications or vaccines? If so please list them.
No ___ Yes _____

5. Has your pet received a worm medication in the last year? If so what kind?
No ___ Yes _____

6. When was the last time your pet had a teeth cleaning and were there any extractions?

7. Do you travel with your pet. If so were you in a state with heartworms or ticks carrying Lyme disease?

8. Is your pet used for breeding?
No ___ Yes ___

9. What type of food do you feed your pet? Also what brand?
Dry ___ Canned ___ Table scraps ___ Brand _____

Method of payment

All fees are due upon release of the patient, please indicate your choice of payment from: Cash ___ Check (Bank card required) ___ Visa/MC ___

As a condition of treatment by this hospital, any financial arrangements must be made in advance. In the event that this account should become past due, you will be subject to costs of collection, including attorney's fees and/or collection agency fees.

I am the owner or authorized agent for the pets described above and I accept the responsibility for the costs incurred.

Client's Signature _____