

***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***

	Pet #1	Pet #2
Name of Pet	_____	_____
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.

<b>Canine</b>	<b>Date</b>	<b>Date</b>
_ Distemper (Da2P)	_____	_____
_ Parvovirus	_____	_____
_ Coronavirus	_____	_____
_ Bordatella	_____	_____
_ Lymes	_____	_____
_ Rabies	_____	_____
<b>Feline</b>		
_ 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 \_\_\_\_\_**