

**CHESAPEAKE ANIMAL HOSPITAL  
CLIENT INFORMATION**

OWNER \_\_\_\_\_  
TITLE                      LAST                                      FIRST                                      SPOUSE

ADDRESS \_\_\_\_\_  
STREET                                      CITY                                      ST                                      ZIP

TELEPHONE \_\_\_\_\_  
HOME                                      WORK                                      CELL

EMAIL ADDRESS \_\_\_\_\_  
WOULD YOU LIKE US TO SEND REMINDERS/NEWSLETTER VIA E-MAIL    YES \_\_\_\_\_ NO \_\_\_\_\_

DRIVERS LIC. \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
(required if payment by check)

EMPLOYER \_\_\_\_\_  
NAME                                      ADDRESS

IN CASE OF EMERGENCY CONTACT (OTHER THAN YOURSELF)

\_\_\_\_\_  
NAME (relationship)                      PRIMARY PHONE                      OTHER PHONE

HOW DID YOU HEAR ABOUT US:  
Please circle one: Yellow pages, Sign, Other \_\_\_\_\_ Friend/Relative \_\_\_\_\_  
NAME

**PATIENT INFORMATION**

NAME \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_  
SEX \_\_\_\_\_ NEUT/SPAY                      BIRTHDATE \_\_\_\_\_

**VACCINATION HISTORY (dates)**

CANINE	FELINE
DA2PLP _____	FVRCP _____
BORDATELLA _____	LEUKEMIA _____ FIV _____
RABIES _____	RABIES _____
LYME _____	FELV/FIV TESTED (date) _____

**Does your pet have any allergies to any medications or vaccines?** \_\_\_\_\_  
**LIST MEDICATIONS YOUR PET IS CURRENTLY TAKING.** ( Include Heartworm preventative and Flea control)

**By signing this form, I declare that the above information is correct and current to the best of my knowledge.  
I am the owner or responsible party for the patient named above, and I agree to pay for all examination, treatments,  
procedures, diagnostics, medications, or other services rendered to the patient at the time they are rendered.**

**FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED**

**We accept the following forms of payment:  
CASH, CHECK, VISA, MASTERCARD AND AMERICAN EXPRESS  
WE DO NOT BILL**

\_\_\_\_\_  
**Owner/Agent/Responsible Party**                      **Date**