



Maple Leaf Veterinary Care Center Patient/Client Information

Thank you for giving us the opportunity to care for your pet! Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's name: _____ Cell #: _____

Spouse/Other: _____ Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Alternate #: _____

Email: _____

Preferred Phone Number to reach you is (please circle): Cell / Home / Alternate

In case of **EMERGENCY**, call: _____ at phone #: _____

We will gladly prepare a written estimate if you so desire.

Please ask a team member or doctor.

Professional fees are due at time of service.

Name of Previous/Current Veterinarian & phone number:

How did you hear about our hospital?

☐ Hospital Sign / Drive By? ☐ Website? (Yelp, Facebook, Google) _____

☐ Other: please state: _____

Due to state law and insurance requirements, all dogs and cats must be current on rabies vaccination.

Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time my pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$30.00 will be accrued for each non-sufficient fund check and/or certified letter that may be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature: _____ Date: _____

☐ **Communication Release - I give my consent for Maple Leaf Veterinary Care Center to text me regarding my pet's appointments or prescriptions ready for pick-up.**

Animal Medical History: Please complete information for all your pets- Thank you!

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, etc.)			
Breed			
Description (color & markings)			
Age or Date of Birth (approximate)			
Sex	Male / Female	Male / Female	Male / Female
Neutered or Spayed?	Yes / No	Yes / No	Yes / No
Indoors only or Indoor/Outdoor?			
Diet (name of pet's food)			
Daily medications, vitamins or treats?			
Shampoo/Flea products used			
Microchipped? If yes, number?			
Chronic/reoccurring medical issues?			
<i>Vaccinations</i> Please note the date when vaccines were given.	Pet #1	Pet #2	Pet #3
Dogs: DHPP (distemper/parvo)			
Bordetella (Kennel Cough)			
Rabies			
Other vaccines- please specify			
Cats: FVRCP (infectious disease)			
FELV (feline leukemia)			
Rabies			
Other vaccines- please specify			
Heartworm test (dogs)			
FELV test or FIV test (cats)			
Fecal Test (stool exam for worms)			
Dentistry (approx date work was done)			
Geriatric Health Screen (approx date done)			