



# DEER RIDGE ANIMAL HOSPITAL

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We are pleased to welcome you to our practice. Please take a few minutes to fill out this form. If you have questions we'll be glad to help you. We look forward to working with you maintaining your pet's health.

## Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI Spouse

Driver's License# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Primary Phone & Contact Name \_\_\_\_\_

Secondary Phone & Contact Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Permission to use photos of your pets on Social Media: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_ Employer # \_\_\_\_\_ Spouse Employer \_\_\_\_\_ Employer # \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

## Pet Information

Pets name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ other \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Neutered/Spayed Yes \_\_\_\_\_ No \_\_\_\_\_ at what age? \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

At what age was your pet obtained \_\_\_\_\_ Describe your pets diet (kind of food/treats) \_\_\_\_\_

Where did you obtain this pet? Friend \_\_\_\_\_ Breeder \_\_\_\_\_ Pet Shop \_\_\_\_\_ Humane Society \_\_\_\_\_ Other \_\_\_\_\_

Pet's vaccine history – check all that the pet has received:

Dhlp-pcv (distemper-dog) \_\_\_\_\_ Bordetella \_\_\_\_\_ Lymes \_\_\_\_\_ Rabies (cat/dog) \_\_\_\_\_

Feline Leukemia test (cat) \_\_\_\_\_ FVRCP (infectious diseases-cat) \_\_\_\_\_

## Payment

We will gladly prepare an estimate of service fees if you desire. (Please ask your technician or Dr.). **All professional fees are due at the time of the services are rendered.** There will be a service charge for any check returned unpaid. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_