

Welcome to Tri-City Veterinary Hospital!

The information we are requesting on this form will enable us to get better acquainted with you and your pet(s). This is because our goal is to appreciate and care for your pet, not merely as animals but as a family companion and member of your household.

Your answers will also help us recognize potential threat to your health and well-being and in the event of illness will help us recommend a course of treatment that is suited to your family situations.

<i>Pet's Info</i>	<i>Pet #1</i>	<i>Pet #2</i>	<i>Pet #3</i>	<i>Pet #4</i>
Pet's Name				
Species (Dog, Cat, Bird, etc...)				
Breed				
Sex				
Spayed/Neuter				
Colors & Markings				
Date of Birth				
Last Booster Vaccination				
Previous Vet Hospital & Veterinarian's name				
Previous Major Illness				
Additional Impt. Information				

Client Information *Required Information*

*Last Name _____ *First Name _____ *Middle Name _____

*Address _____
House # Street City State Zip Code

*Home Phone _____ *Work Phone _____ *Cell Phone _____

*Occupation _____ *Employer _____ *Email _____

Spouse/Emergency Contact Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____ Email _____

***How did you hear about us?**

Valley Yellow Pages ATT Yellow Pages Val Pak Internet

Tri-City Voice Newspaper

Personal Recommendation _____

Note: Professional fees are due at the time services are rendered. Please inform our hospital with any change(s) in your address or phone number for our reminder purposes.

Signature _____

Date _____

Private and Confidential