

*Springhill Veterinary Clinic*  
*O. Mark Carter, D.V.M.*

Client Information Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Alternative Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I understand that all fees are due at the time services are rendered. \_\_\_\_\_ (Please initial)

Please indicate choice of payment:     Cash/Check     Visa     MasterCard     Discover

PATIENT INFORMATION	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth	/ /	/ /	/ /
Color			
Sex: Spayed or Neutered			
<b>Your Dog's Medical History</b>			
Rabies Vaccine	/ /	/ /	/ /
Distemper / Parvo / Corona	/ /	/ /	/ /
Kennel Cough Vaccine	/ /	/ /	/ /
Fecal (Stool Sample)	/ /	/ /	/ /
Heartworm Test	/ /	/ /	/ /
<b>Your Cat's Medical History</b>			
Rabies Vaccine	/ /	/ /	/ /
Distemper	/ /	/ /	/ /
Feline Leukemia Vaccine	/ /	/ /	/ /
Feline Leukemia Test	/ /	/ /	/ /
Fecal (Stool Sample)	/ /	/ /	/ /

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Describe your pet's activity level.     Indoor     Outdoor \_\_\_\_\_

How did you become aware of our clinic?     Sign     Website     Yellow Pages     Previous Client

Referred by \_\_\_\_\_