

HEATHER L. O'BRIEN, D.V.M.



ANIMAL MEDICAL CLINIC OF LOUDON COUNTY

(615) 988-PETS 507 EAST BROADWAY LENOIR CITY, TENNESSEE 37771

PATIENT-CLIENT INFORMATION SHEET

Date _____

Thank you for giving Animal Medical Clinic an opportunity to care for your pet. So that we may become better acquainted, please complete the following.

SS# _____ SS# _____
MR. MRS. OWNER(S) _____ SPOUSE'S NAME _____
DR. _____ LAST FIRST INITIAL LAST FIRST INITIAL
MS. DL# _____ DL# _____

Address _____ ZIP _____
Residence Phone _____ Work Phone _____ Spouse's Work Phone _____
Place of Employment _____ Address _____
Spouse's Place of Employment _____ Address _____

How did you become aware of our clinic?
[] Yellow Pages [] Clinic Sign
[] Referred/Recommended By _____ Name _____
[] Other _____

PATIENT INFORMATION:

BREED _____ COLOR _____ SEX _____ NEUTERED/SPAYED _____
BIRTHDATE _____ NAME _____

MEDICAL HISTORY:

CANINE:

- a. Distemper Vac. [] Yes [] No When _____
b. Hepatitis Vac. [] Yes [] No When _____
c. Leptospirosis Vac. [] Yes [] No When _____
d. Parainfluenza Vac. [] Yes [] No When _____
e. Rabies Vac. [] Yes [] No When _____
f. Parvo Virus Vac. [] Yes [] No When _____
g. Corona Virus Vac. [] Yes [] No When _____
h. Bordetella Vac. [] Yes [] No When _____
i. Heartworm Preventative [] Yes [] No When _____

FELINE:

- a. Distemper Vac. [] Yes [] No When _____
b. Pneumonitis Vac. [] Yes [] No When _____
c. Rabies Vac. [] Yes [] No When _____
d. Rhinotracheitis Vac. [] Yes [] No When _____
e. Calici Vac. [] Yes [] No When _____
f. FeLV Test [] Yes [] No When _____
g. FeLV Vac. [] Yes [] No When _____

Are any of the following a concern to you in your pet's behavior? Please check.

- [] Excessive barking [] Biting [] Shedding [] Straying from home [] Housebreaking [] Smell
[] Problems around children [] Excessive itching/scratching [] Wetting/spraying in house [] Overly rambunctious/overly enthusiastic

What is your pet's usual diet? _____

Is your pet taking any medication? _____ Describe _____

List any previous problems that we should know about: _____

List any known allergies: _____

What is your pet's present medical problem or problems? _____

PLEASE NOTE: PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT BELOW:

- [] CASH [] CHECK [] VISA [] MASTERCARD

SIGNATURE OF OWNER _____