



CLIENT INFORMATION

Animal Medical Center
5204 80th St. • Lubbock, Texas 79424
(806) 794-4118

PLEASE PRINT

Social Security No. _____

Owner's Name _____

Spouse's Name _____

Address _____

City / State / Zip _____

Owner's Home Phone _____ Work Phone _____ Spouse's Work Ph. _____

Owner's Date of Birth _____ Email _____ Driver Lic. # _____

PET INFORMATION

1. Pet Name _____ Dog Cat Other Breed _____

Date of Birth _____ Sex: M F Color _____ Spayed or Neutered? Yes No

2. Pet Name _____ Dog Cat Other Breed _____

Date of Birth _____ Sex: M F Color _____ Spayed or Neutered? Yes No

3. Pet Name _____ Dog Cat Other Breed _____

Date of Birth _____ Sex: M F Color _____ Spayed or Neutered? Yes No

MEDICAL HISTORY

Please check if your pet has had the following preventative health care services within the last year:

CATS:

PRCP/Rabies Vaccination Yes No

Leukemia Vaccination Yes No

F.I.P. Vaccination Yes No

DOGS:

Distemper/Parvo Vacc. Yes No

Rabies Vaccination Yes No

Heartworm Test Yes No

DOGS:

Bordetella Vacc. Yes No

Lyme Disease Vacc. Yes No

Focal Exam Yes No

Heartworm Preventative Yes No

Date Vaccinated: _____ By Whom: _____

Is your pet currently receiving any medication? Yes No What? _____

Does your pet have any known drug allergies? Yes No What? _____ Other Allergies? _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Our Sign Yellow Pages Here Previously

Friend/Relative Who? _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Payment in full, by cash, check, or card is expected when treatment is performed or animal discharged. In the case of emergency hospitalization, deposit arrangements must be made with the receptionist. On your request we will provide you with a written estimate of fees before care is provided.

Reason(s) for this visit (Problems): _____