



CLIENT INFORMATION

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

CLIENT INFORMATION (please print)

Owner's Name _____ D.O.B. _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Alternate # _____ Alternate # _____

Soc. Sec. # _____ Dr. License # _____

I would prefer to receive reminders: by mail or by email: _____

PET INFORMATION

1. Pet Name _____ Dog Cat Other Breed _____

D.O.B./age _____ Sex: M F Color _____ Spayed or Neutered? Yes No

2. Pet Name _____ Dog Cat Other Breed _____

D.O.B./age _____ Sex: M F Color _____ Spayed or Neutered? Yes No

3. Pet Name _____ Dog Cat Other Breed _____

D.O.B./age _____ 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:

Rabies Vacc. Yes No

PRCP/Leukemia Vacc. Yes No

Feleuk/FIV Test Yes No

DOGS:

Rabies Vacc. Yes No

Distemper/Parvo Vacc. Yes No

Heartworm Test Yes No

Influenza Vacc. Yes No

Bordetella Vacc. Yes No

Lyme Disease Vacc. Yes No

Fecal Exam Yes No

Heartworm Preventative Yes No

Date Vaccinated: _____ By Whom: _____

Please list any medication your pet is on. _____

Please list any allergies (drug or other). _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Our Sign Yellow Pages Here Previously

Friend/Relative Who? _____

Other _____

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 a receptionist. On your request we will provide you with a written estimate of fees before care is provided.

Reason for this visit (Problems): _____