

# Client Information

## *Owner Information*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

## *Pet Information*

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Male Y/N Neuter Y/N Female Y/N Spay Y/N  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_ Microchipped Y/N

## *Presenting Complaints*

### *Health Check*

### *Health Issues*

Previous Veterinarian \_\_\_\_\_ How long has pet been ill \_\_\_\_\_  
Previous Vaccinations \_\_\_\_\_ What are some symptoms \_\_\_\_\_  
Rabies Y/N Distemper/Parvo Y/N Coughing Y/N Sneezing Y/N Vomiting Y/N  
On heartworm prevention Y/N Diarrhea Y/N Not eating or Drinking Y/N  
If not, do you wish to be tested? Y/N Trouble Walking Y/N Unusual Urination Y/N  
On Any Medications \_\_\_\_\_ Previous Medical history \_\_\_\_\_

Please list any other medications, past illnesses, or any medical information that you feel our veterinarian should be aware of? You may use the back of this form if necessary \_\_\_\_\_

I authorize the veterinarian to examine, prescribe for, and/or treat my animals. I assume full responsibility for all charges incurred in the care of this animal. I also understand that a deposit will be required if my pet should be hospitalized, and that all charges are to be paid before the release of the above described animal (s).

I understand that Aiken Animal Hospital does not extend credit, however if payment arrangements are made and my account becomes overdue I will be responsible for all fees required to collect my account (attorney fees, court costs, collection agency fees equaling 50% of the remaining balance).

Pursuant to South Carolina Code of Law Section 47-3-110 (transfer of domestic animal to an animal shelter ten days after date owner was to pick up the animal). If your animal is not picked up on the day specified, we will consider it abandoned. By signing below you are agreeing to all above terms.

Owner \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_