

Canyon Lake Veterinary Hospital, P.C.

4230 Canyon Lake Drive Rapid City, SD 57702

Phone (605)348-6510

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Canyon Lake Veterinary Hospital, P.C. the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Owner's Name: _____ **Social Security Number** _____

Spouse's/Other's Name: _____ **Social Security Number** _____

Address:

City St. Zip:

Home Phone: _____ **Cell Phone** _____ **Email:** _____

Place of Employment _____ **How long** _____ **Phone** _____

Spouse/Other Employment _____ **How long** _____ **Phone** _____

If necessary, may we call you at work? Yes ___ **No** ___

ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE.

Please circle your preferred method of payment. If by check, please give your drivers license number.

CASH CHECK MASTERCARD VISA DISCOVER CARECREDIT

Drivers License Number _____

I hereby give consent for the treatment of my pet(s). I can request a written estimate prior to services being rendered. I understand that payment in full is due at time of service.

Signature _____ **Date** _____

Animal Medical History (please complete all information for each pet)

	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Description (color)			
Age (years) or Date of birth			
Sex			
Length of Time Owned			
Altered or Spayed	Yes/No	Yes/No	Yes/No
<u>VACCINATIONS</u>	<u>Date Given</u>	<u>Date Given</u>	<u>Date Given</u>
Dog			
Distemper/Parvo (DHPP)			
Bordetella (Kennel Cough)			
Rabies			
Heartworm Test/Prevention			
Cat			
Distemper Combination (DRC)			
Feline Leukemia (FELV)			
Rabies			
Feline Leukemia Test			

Please list any prior medical conditions or surgeries _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

Qwest Yellow Pages
 Black Hills Gold Pages
 Black Hills Fibercom

 McLeod Phonebook

Personal Recommendation-Who may we thank? _____

Other: _____

Where did you acquire your pet? _____

Is your pet insured? Yes/No