

Carolina Veterinary Specialists
ANIMAL EMERGENCY & TRAUMA CENTER
CLIENT HISTORY

CLIENT INFORMATION (Owner)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Preferred Contact Number (circle one): Home Cell Work Other: _____

Primary owners date of birth: _____ (this information is required the Department of Health and Human Services in order to prescribe certain medications to your pet)

Occupation: _____ Place of Employment: _____

Co-Owner: _____ Co-Owner's Phone: _____

Email: _____

PATIENT INFORMATION (Pet)

****PLEASE FILL OUT ALL FIELDS COMPLETELY****

Name: _____ Date of Birth or Approximate Age: _____

Species: Dog Cat Other: _____

Breed: _____ Color: _____

Sex: Male Male-Neutered Female Female-Spayed

Vaccine History (circle one): Current Overdue Unsure

Current Veterinarian: _____

Current Animal Hospital: _____ City: _____

Does your pet show any aggressive tendencies towards strangers? _____

How did you hear about our clinic? Veterinarian Friend Internet Location
 Yellow Pages Other _____

PAYMENT IN FULL IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

Do you carry pet insurance? _____ Insurance Company: _____

Method of payment: Cash Check Credit Card Care Credit

Prior to the treatment of your pet we will provide you with an itemized estimate. It is the policy of Carolina Veterinary Specialists and Animal Emergency to require a deposit on all hospitalized patients and those outpatients having extensive diagnostic or treatment procedures. Please do not hesitate to ask any questions.

Signature of owner or owner's agent

Date