



Shea Animal Hospital
 10801 N. 32nd St., Phoenix, AZ 85028
 www.sheanimalhospital.com
 602-996-3540

PATIENT CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a moment to complete both sides of this information sheet.

Date _____

Owner's Name _____ Spouse/Other _____

Address _____

City / State / Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Alternate Cell _____

E-Mail _____ Alternate _____

Employer's Name & Address _____

Spouses / Other Employer & Address _____

At what time _____ and at what phone number _____ is the best to call about your pet?

In case of **EMERGENCY**, please call _____ at _____

**We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.
 PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

How did you first hear of our hospital?

Individual - Anyone we may thank? _____

Yellow Pages Hospital sign Internet Other _____

Comments: _____

ANIMAL MEDICAL HISTORY (Please complete all information for each pet)

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Length of Time Owned			
Altered or Spayed			
Vitamins (type)			
Diet (kind of pet food)			
Type of Grooming Products			
Hours Spent Outside Each Day			
VACCINATIONS			
DHLP (distemper-dog)			
Parvovirus (dog)			
FVRCP (infectious diseases-cat)			
Rabies (dog/cat)			
Feline Leukemia Test			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam (worms-dog/cat)			
Dentistry			
Prior Illness			
Prior Surgery			

PET ORIGIN: Humane Society Pet Shop Kennel Advertisement
 Friend Stray Individual (nonbreeder)