

# Serenity Animal Hospital

## Patient Information Sheet

Thank you for giving Serenity Animal Hospital the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Initial

Spouse: \_\_\_\_\_ Spouse's Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Best Time to Reach You: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

### PAYMENT IS DUE WHEN SERVICES ARE RENDERED

We take cash/check/Visa/MasterCard/Discover/Care Credit

### How did you hear about us?

- Client of ours-Who? \_\_\_\_\_
- Friend/Family
- Drove by/Sign
- Yellow Pages
- Advertisement- Where? \_\_\_\_\_
- Other \_\_\_\_\_

### Our pet(s) is(are):

- A member of the family
- A child's pet
- A backyard pet

# PET INFORMATION

Name: \_\_\_\_\_ Species: Canine Feline Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

Please list all current and previous health problems (allergies/seizures/etc.):

Please list all currently and previously prescribed/taken medications:

Name: \_\_\_\_\_ Species: Canine Feline Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

Please list all current and previous health problems (allergies/seizures/etc.):

Please list all currently and previously prescribed/taken medications:

Name: \_\_\_\_\_ Species: Canine Feline Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

Please list all current and previous health problems (allergies/seizures/etc.):

Please list all currently and previously prescribed/taken medications:

# Serenity Animal Hospital

I understand that all records pertaining to the care of my pet(s) will be kept safe and secure as property of Serenity Animal Hospital, P.C.

I understand that copies may be obtained, by written request and at a nominal charge if applicable. Please allow at least 48 hours for copies of written records, and 72-96 hours for copies of radiographs.

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Signature

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Date

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Name (Please Print)