



# COMMUNITY ANIMAL HOSPITAL

of Royal Palm Beach

## PATIENT/CLIENT INFORMATION

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

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Employer's Name & Address: \_\_\_\_\_

In case of EMERGENCY, please call \_\_\_\_\_ at telephone number \_\_\_\_\_

How did you first hear of our hospital?

- AAHA referral   
 Individual; someone we may thank? \_\_\_\_\_   
 Hospital sign  
 Website   
 Town Crier article   
 Facebook   
 Instagram   
 Other \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_  Cat  Dog  Other \_\_\_\_\_

Breed: \_\_\_\_\_  Male  Female    Neutered/Spayed:  Yes  No    Color: \_\_\_\_\_

Date of Last Exam/Vaccines: \_\_\_\_\_ Birthdate: \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

Do you give heartworm preventative?  Yes  No    If yes, what kind? \_\_\_\_\_

Is your pet on any medications?  Yes  No    If so, list the name and dosage: \_\_\_\_\_

Do you give vitamins or supplements?  Yes  No    If yes, what kind? \_\_\_\_\_

Please list any previous illnesses or surgeries and the dates: \_\_\_\_\_

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**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. Payment methods accepted include: Cash, Credit Cards and Care Credit. We do not accept personal checks.**