

Name on account _____ Date _____

Home address: _____ City: _____ State: _____ Zip: _____

Homephone # _____ Cell# _____ E-mail (if available) _____

Place of employment: _____ Work # _____ Ext # _____

How did you hear about us? *previous patient of Dr. Jordan's _____ *yellow pages _____ *website _____ *newspaper _____ *other (please specify) _____

Pets' Information

Pet's Name _____ Breed _____ Color/Markings _____

Age: _____ Sex: _____ Has your pet been spayed/ neutered? _____ Yes _____ No

When was the last time your pet was vaccinated and what types of vaccinations were given? _____

Who administered the vaccines? _____ Last Rabies Vaccine _____

Is your pet currently taking any medications ? _____ Yes _____ NO (If yes, please identify them) _____

Is your pet allergic to any medications or vaccinations that you are aware of? _____ Yes _____ NO (if yes, please identify them) _____

Has your pet had any previous injuries or illnesses of a serious nature that we should be aware of ? _____ Yes _____ NO (If yes, please describe them) _____

Has your pet been examined or treated by another veterinarian recently? _____ Yes _____ No (If yes, please advise us of the diagnosis and treatment as well as the name of the previous veterinarian.) _____

PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED. ABSOLUTELY NO CHARGING OR PAYMENT PLANS.

PLEASE INDICATE YOUR METHOD OF PAYMENT _____ CASH _____ CHECK _____ VISA, MASTERCARD, OR DISCOVER

Before any animal is hospitalized , we require that all vaccinations be current and that the animal be reasonable clean as well as free of fleas and ticks. We reserve the right to satisfy these requirements at the owner's expense. We require a deposit be left on any animal that needs extensive laboratory tests, extensive treatment, or surgery other than elective surgery. I have read and understand the statements above, and I agree to comply with these policies.

Client's Signature _____

