

Legacy Drive Animal Hospital

2117 Legacy Drive

Plano, TX 75023

NEW CLIENT INFORMATION

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

Owner's Name _____ Spouse's Name _____

Address: _____

City: _____ State _____ Zip: _____

Home Telephone: _____ Work telephone: _____

Cell Phone: _____

Driver's License #: _____ State: _____

How did you hear about our hospital?

Individual: Someone we may thank? _____

Website

Yellow Pages

Hospital Sign

We will gladly prepare a written estimate if you desire. Estimates are made in good faith. Unforeseen costs due to occasionally occur and will be the responsibility of the client. If you would like an estimate prepared, please ask the receptionist or the doctor.

We accept cash, checks, Visa, Mastercard, American Express and Discover.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

To prevent the spread of infectious disease and parasites, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites.

I authorize the doctor to provide vaccines and parasite control for my pet(s) as needed. I assume financial responsibility for services provided for my pet(s). I authorize release of medical records to other veterinary hospitals when necessary.

Signature: _____ **Date:** _____

PATIENT HISTORY

	Patient 1	Patient 2	Patient 3
Name			
Species	<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____	<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____	<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____
Breed			
Description			
Age			
Date of Birth			
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Female Spay <input type="checkbox"/> Male <input type="checkbox"/> Male Neuter	<input type="checkbox"/> Female <input type="checkbox"/> Female Spay <input type="checkbox"/> Male <input type="checkbox"/> Male Neuter	<input type="checkbox"/> Female <input type="checkbox"/> Female Spay <input type="checkbox"/> Male <input type="checkbox"/> Male Neuter

CANINE:

Vaccinations:	Patient 1	Patient 2	Patient 3
Rabies			
DHLP/Parvo			
Kennel Cough			
Heartworm Test			
Stool Test			
Heartworm Prevention			
Flea Prevention			
Medical Problems			
Surgeries			
Dental Problems			
Current Medications			

FELINE:

Vaccinations:	Patient 1	Patient 2	Patient 3
Rabies			
FVRCP			
Feline Leukemia			
Lukemia/FIV Test			
Medical Problems			
Surgeries			
Dental Problems			
Current Medications			