

# ANIMAL MEDICAL CENTER OF PLANO

5809 Coit Road  
Plano, Texas 75093  
972-985-8448 phone / 972-758-5448 fax  
animalmedcenter@yahoo.com

## Client Information

Date: \_\_\_\_\_ Driver License #: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name (Last Name First): \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
How did you learn about our practice?: \_\_\_\_\_  
If it was from one of our clients, who may we thank?: \_\_\_\_\_  
Number of pets (please specify by type): \_\_\_\_\_  
Primary reason for visit: \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_ Dog Cat Other \_\_\_\_\_  
Sex: M F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Neutered/Spayed: Yes No If yes, at what age? \_\_\_\_\_  
What age was pet obtained? \_\_\_\_\_  
From: Friend Breeder Pet Shop Humane Society Other \_\_\_\_\_  
Reason for obtaining pet (check all that apply): Companion Protection Breeding  
Show Other \_\_\_\_\_  
Describe your pet's diet: \_\_\_\_\_  
List your pet's current medication: \_\_\_\_\_

### **Pet's History (check all that pet has received):**

Distemper	Feline Leukemia Test	Prior Surgery: _____
Parvovirus (Dog)	FVRCP (Infectious Disease-Cat)	Prior Illness: _____
Rabies (Dog/Cat)	Dental	Other _____

(Please see second sheet for additional pet information.)

## Authorization

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.***

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_  
Please provide a copy of driver license or ID at appointment time.

## Pet Information

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

Sex: M F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Neutered/Spayed: Yes No If yes, at what age? \_\_\_\_\_

What age was pet obtained? \_\_\_\_\_

From: Friend Breeder Pet Shop Humane Society Other \_\_\_\_\_

Reason for obtaining pet (check all that apply): Companion Protection Breeding  
Show Other \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

List your pet's current medication: \_\_\_\_\_

### **Pet's History (check all that pet has received):**

Distemper Feline Leukemia Test Prior Surgery: \_\_\_\_\_

Parvovirus (Dog) FVRCP (Infectious Disease-Cat) Prior Illness: \_\_\_\_\_

Rabies (Dog/Cat) Dental Other \_\_\_\_\_

## Pet Information

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

Sex: M F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Neutered/Spayed: Yes No If yes, at what age? \_\_\_\_\_

What age was pet obtained? \_\_\_\_\_

From: Friend Breeder Pet Shop Humane Society Other \_\_\_\_\_

Reason for obtaining pet (check all that apply): Companion Protection Breeding  
Show Other \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

List your pet's current medication: \_\_\_\_\_

### **Pet's History (check all that pet has received):**

Distemper Feline Leukemia Test Prior Surgery: \_\_\_\_\_

Parvovirus (Dog) FVRCP (Infectious Disease-Cat) Prior Illness: \_\_\_\_\_

Rabies (Dog/Cat) Dental Other \_\_\_\_\_

## Pet Information

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

Sex: M F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Neutered/Spayed: Yes No If yes, at what age? \_\_\_\_\_

What age was pet obtained? \_\_\_\_\_

From: Friend Breeder Pet Shop Humane Society Other \_\_\_\_\_

Reason for obtaining pet (check all that apply): Companion Protection Breeding  
Show Other \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

List your pet's current medication: \_\_\_\_\_

### **Pet's History (check all that pet has received):**

Distemper Feline Leukemia Test Prior Surgery: \_\_\_\_\_

Parvovirus (Dog) FVRCP (Infectious Disease-Cat) Prior Illness: \_\_\_\_\_

Rabies (Dog/Cat) Dental Other \_\_\_\_\_