

# 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: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
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? \_\_\_\_\_

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Show  Other \_\_\_\_\_

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