



Client # _____



Welcome to Seville Veterinary Hospital!

Thank you for giving us the opportunity to care for you and your pet.

We look forward to providing you with excellent care! Please complete the following pages.

OWNERS INFORMATION:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

What is the best number to reach you? HOME WORK CELL (pls circle one)

Employer's Name _____ Email _____

Spouse or Co-Owner (Please circle one) _____

Spouse/Co-owner Employer's Name _____

Spouse/Co-Owner Cell _____ Email _____

PREVIOUS VETERINARIAN INFORMATION:

Name of previous Veterinarian/Veterinary Hospital _____

Phone number of previous Veterinarian/Veterinary Hospital _____

Do you authorize us to contact your previous Veterinarian to obtain your pets previous medical history and vaccination status? Please note that we only collect previous records so that your pet is always kept up to date on his/her Wellness Care and to keep your pets health our top priority.

_____ yes, I authorize Seville Veterinary Hospital to have a copy of my pets records (pls initial)

_____ no, I do not authorize Seville Veterinary Hospital to have a copy of my pets records (pls initial)

HOW DID YOU HEAR ABOUT US? Yellow pages I Live Nearby/Sign Yahoo Google Seville CC Member BNI I am a Previous Client/Patient Website Fry's Advertisement Coupon (pls specify) _____ Individual or Group Referral (pls specify) _____ Other _____

PLEASE PROVIDE AS MUCH INFORMATION YOU CAN ABOUT YOUR PET OR PETS:

How many pets do you have? _____

FIRST PETS NAME _____



Date of Birth or Age _____

Male/Female (Please circle one) Spayed/Neutered/Unaltered (Please circle one)

Dog/Cat/Other _____ Breed _____ Color _____

Microchip? Yes No If yes, what's the number? _____

When was your pet last vaccinated? (Please provide month and year) _____

Does your pet have any known allergies? YES No

If yes, please indicate the known allergies _____

Does your pet have health insurance? Yes No If yes, which one? _____

Does your pet have previous medical conditions? Yes No If yes, please list the condition and how long he/she has had the condition(s) _____

Is your pet taking any medications (Rx, OTC, Heartworm/Flea/Tick/Supplements)? Yes No

If yes, please list (name, strength, how often) _____

SECOND PETS NAME _____

Date of Birth or Age _____

Male/Female (Please circle one) Spayed/Neutered/Unaltered (Please circle one)

Dog/Cat/Other _____ Breed _____ Color _____

Microchip? Yes No If yes, what's the number? _____

When was your pet last vaccinated? (Please provide month and year) _____

Does your pet have any known allergies? YES No

If yes, please indicate the known allergies _____

Does your pet have health insurance? Yes No If yes, which one? _____

Does your pet have previous medical conditions? Yes No If yes, please list the condition and how long he/she has had the condition(s) _____

Is your pet taking any medications (Rx, OTC, Heartworm/Flea/Tick/Supplements)? Yes No

If yes, please list (name, strength, how often) _____



THIRD PETS NAME _____



Date of Birth or Age _____

Male/Female (Please circle one) Spayed/Neutered/Unaltered (Please circle one)

Dog/Cat/Other _____ Breed _____ Color _____

Microchip? Yes No If yes, what's the number? _____

When was your pet last vaccinated? (Please provide month and year) _____

Does your pet have any known allergies? YES No
If yes, please indicate the known allergies _____

Does your pet have health insurance? Yes No If yes, which one? _____

Does your pet have previous medical conditions? Yes No If yes, please list the condition and how long he/she has had the condition(s) _____

Is your pet taking any medications (Rx, OTC, Heartworm/Flea/Tick/Supplements)? Yes No
If yes, please list (name, strength, how often) _____

FOURTH PETS NAME _____

Date of Birth or Age _____

Male/Female (Please circle one) Spayed/Neutered/Unaltered (Please circle one)

Dog/Cat/Other _____ Breed _____ Color _____

Microchip? Yes No If yes, what's the number? _____

When was your pet last vaccinated? (Please provide month and year) _____

Does your pet have any known allergies? YES No
If yes, please indicate the known allergies _____

Does your pet have health insurance? Yes No If yes, which one? _____

Does your pet have previous medical conditions? Yes No If yes, please list the condition and how long he/she has had the condition(s) _____

Is your pet taking any medications (Rx, OTC, Heartworm/Flea/Tick/Supplements)? Yes No
If yes, please list (name, strength, how often) _____

Please ask our receptionist for additional papers if you have more than 4 pets.

Authorization

I hereby authorize Seville Veterinary Hospital to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid IN FULL at the time of services and that prepayment may be required for surgical treatment or hospitalization. I understand that Seville Veterinary Hospital requires photo identification and a \$30 fee will be applied for returned checks.

Signature _____ Date _____
Photo ID Required

I hereby consent and authorize the staff of Seville Veterinary Hospital to take photographs or motion pictures of me or my pet. I authorize Seville Veterinary Hospital to use, reuse, copy, publish, display, exhibit, reproduce these materials in any educational or promotional materials or other forms of media, which may include, but are not limited to publications, articles, brochures, websites, publications, electronic or otherwise, without notifying me.

Signature _____ Date _____
Photo ID Required

