



**PAWS**  
PREMIER ANIMAL  
WELLNESS & SURGERY  
HOSPITAL

## CLIENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ SPOUSE'S NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL TO SEND REPORT CARDS: \_\_\_\_\_

WHAT IS THE BEST WAY TO REACH YOU? ☐ PHONE CALL ☐ TEXT MESSAGE ☐ EMAIL

PREFERRED NUMBER/EMAIL YOU WOULD LIKE US TO USE: \_\_\_\_\_

HOW DID YOU SELECT OUR HOSPITAL? ☐ SIGN ☐ LOCATION ☐ PAWS ☐ WEBSITE ☐ FACEBOOK ☐ GOOGLE

MAY WE USE YOUR PETS ON SOCIAL MEDIA? ☐ YES ☐ NO SIGNATURE: \_\_\_\_\_

REFERRAL: \_\_\_\_\_

**FOR EVERY REFERRAL YOU SEND US, WE WILL CREDIT YOUR ACCOUNT \$25.00!**

## PATIENT INFORMATION

NAME: \_\_\_\_\_ ☐ DOG ☐ CAT BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE/DATE OF BIRTH: \_\_\_\_\_ MALE: NEUTERED ☐ YES ☐ NO FEMALE: SPAYED ☐ YES ☐ NO

DATE OF LAST VACCINATIONS/NAME OF LAST CLINIC: \_\_\_\_\_

HEARTWORM PREVENTION: \_\_\_\_\_ FLEA/TICK PREVENTION: \_\_\_\_\_

OTHER MEDICATIONS/SUPPLEMENTS: \_\_\_\_\_

PREVIOUS HEALTH PROBLEMS/SURGERIES: \_\_\_\_\_

ALLERGIC REACTIONS: \_\_\_\_\_ SEASONAL ALLERGIES: ☐ YES ☐ NO

NAME: \_\_\_\_\_ ☐ DOG ☐ CAT BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE/DATE OF BIRTH: \_\_\_\_\_ MALE: NEUTERED ☐ YES ☐ NO FEMALE: SPAYED ☐ YES ☐ NO

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OTHER MEDICATIONS/SUPPLEMENTS: \_\_\_\_\_

PREVIOUS HEALTH PROBLEMS/SURGERIES: \_\_\_\_\_

ALLERGIC REACTIONS: \_\_\_\_\_ SEASONAL ALLERGIES: ☐ YES ☐ NO

DO YOU HAVE ANY OTHER PETS? ☐ NO ☐ YES \_\_\_\_\_