

**LifeCare Animal Hospital
Client Information Sheet**

Date: _____

Welcome to LifeCare Animal Hospital! We are excited to help your pet achieve and maintain excellent health. Thank you for visiting us today!

Owner Information:

Name:		Co-Owner:	
Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
How did you hear about us (friend's name, internet, newspaper)?			
Birth Date*:	Email Address**:		

** This information is required by the AZ Board of Pharmacy in the event we have to send certain medications home with your pet.*

*** We have the ability to send you pet health reminders and seasonal information updates via e-mail. We will never sell, rent or give away this information. We dislike spam and value our privacy as much as you do!*

Pet Information:

Pet's Name:		Birth Date:	
Species: Cat/Dog	Breed:	Color:	
Sex: Male/Neutered	Female/Spayed		
Is your pet: Indoor Only _____ Indoor/Outdoor _____ Strictly Outdoor _____			
Has your pet been out of Arizona? Y/N			
If so, where?			
List all of the medications your pet is currently taking:			
Is your pet allergic to any food or medication? Y/N			
If so, to what is your pet allergic?			
Dog Vaccine History (choose dog or cat)		Cat Vaccine History (choose dog or cat)	
DA2PP: Date Given -		FVRCP: Date Given -	
Bordetella: Date Given -		Feline Leukemia: Date Given -	
Rabies: Date Given		Rabies: Date Given	
Any other vaccines:		Any other vaccines:	

Second Pet Information:

Pet's Name:		Birth Date:	
Species: Cat/Dog	Breed:	Color:	
Sex: Male/Neutered	Female/Spayed		
Is your pet: Indoor Only _____ Indoor/Outdoor _____ Strictly Outdoor _____			
Has your pet been out of Arizona? Y/N If so, where?			
List all of the medications your pet is currently taking:			
Is your pet allergic to any food or medication? Y/N If so, to what is your pet allergic?			
Dog Vaccine History (choose dog or cat)		Cat Vaccine History (choose dog or cat)	
DA2PP: Date Given -		FVRCP: Date Given -	
Bordetella: Date Given -		Feline Leukemia: Date Given -	
Rabies: Date Given		Rabies: Date Given	
Any other vaccines:		Any other vaccines	

If you need to add information for more than two pets, please use additional sheets located in the clipboard on the front desk. Thanks!

With my signature below, I state that I am at least 18 years old and am the owner of the above listed pets. I hereby authorize the doctors of LifeCare Animal Hospital to examine, prescribe for and/or treat the above described pet(s). I assume all responsibility for charges incurred in the care of the above described pet(s). I also understand that payment is due when services are provided and that a deposit may be required for medical and/or surgical treatment.

I understand and acknowledge that LifeCare Animal Hospital does not have payment plans available directly to the hospital.

Owner's Signature

Date