



COBBS FORD PET HEALTH CENTER

Prattville, AL 36066

CLIENT INFORMATION

Name _____ Home Phone _____ Cell _____
 Title: Mr. Mrs. Ms. Dr. Other _____ (circle one) Email address _____

Address _____ City _____ St _____ Zip _____

Employer _____ Phone _____ May we call you at work? _____

Spouse _____ Employer and number _____

HOW DID YOU FIRST BECOME AWARE OF OUR CLINIC?

Drive By Yellow Pages Humane Society Friend or Neighbor Adoption Groomer
 Referral from another doctor Chamber of Commerce Other May we thank them for referring you? _____

Name of person who referred you _____ Address _____

PLEASE CHECK ONE:

I feel my pet is a member of our family! I feel my pet is just a pet.

PLEASE CHECK ONE:

I want the best medical care for my pet; please recommend what you feel is necessary for good health!
 I want good medical care for my pet, but there is a limit to what I am able to have done.
 I want you to perform only the services that I request.

PLEASE CHECK ONE:

I want to learn as much as I can about pet health care; please explain in detail what has been done for my pet or what is needed!
 I would prefer you just summarize what has been done for my pet or what is needed.
 I want my pet healthy, but I do not need to know what has been done.

PLEASE CHECK ONE:

I prefer to be present when my pet is treated! I would rather not see my pet examined and treated!

	PET #1	PET #2	PET #3
Pet's Name			
Breed			
Color			
Date of Birth			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered or Spayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What prior illnesses or surgery should we know about? _____

Is your pet currently on a special diet or medication? _____

Please list any know drug allergies: _____

ALL FEES ARE DUE UPON RELEASE.

SIGNATURE: _____ DATE _____