

BOTETOURT VETERINARY HOSPITAL

P.O. Box 159
Fincastle, VA 24090
Phone: (540) 992-2711

5598 Roanoke Road
Troutville, VA 24175
Fax: (540) 992-4678

PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both pages of this form.

Date: _____

Owner's Name: _____ Spouse/Other: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer's Name & Address: _____

Spouse/Other's Employers Name & Address: _____

What number and what time are best to call you about your pet? _____

In case of emergency please call: _____ at phone number: _____

We will gladly prepare an estimate for you upon request. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If you pay by check or credit card please complete the following information. We cannot accept checks without Driver's License number or Social Security number on file.

Charging is done only through credit cards. For Check writing and credit card purchases:

Bank Name: _____ Driver's License # and State: _____

SSN: _____

How did you first hear of our hospital?

- Individual- Someone we can thank? _____ Referral Hospital Sign
 Website Other

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I understand and authorize the doctor to provide vaccines and parasite control as needed for my hospitalized or boarded pet.

Signature: _____ Date: _____

Name of Client: _____

	Pet #1	Pet #2	Pet #3
Name			
Species (Dog, Cat, Other)			
Breed			
Description (color)			
Age			
Date of Birth			
Sex			
Neutered or Spayed			
Diet (kind of pet food)			
Hours spent outside each day			
Vaccination & Lab History (Dates last Given)			
(Dog) DHLPPC			
(Dog) Bordetella			
(Dog) Lyme			
(Dog) Rabies			
(Dog & Cat) Heartworm Test			
(Dog & Cat) Stool Check			
(Cat) FVRCP			
(Cat) Leukemia			
(Cat) Rabies			
(Cat) FIP			
(Cat) FIV			
(Cat) Feline Leukemia Test			
(Cat) Feline Aids Test			
Name and Phone # of previous Veterinarian or Hospital for vaccination/medical history on your pet(s):			