

-Welcome-
Client Information Form
Amberly Village Veterinary Hospital
329 Sembler Lane, Cary NC 27519 (984) 238-2284

Client Information

Last Name: _____ First Name: _____ Spouse/Co-Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell: () _____ Work: () _____ Co-Owner: () _____

PLEASE CHECK PREFERRED NUMBER ABOVE

Email Address: _____ Driver's License #: _____

Employer: _____

Communication Preference: Email () Text () Phone ()

How would you like your pet's reminders: Email () Text () Phone ()

May we use your pet's photo on our social media? Yes () No ()

Who may we thank for your referral to our hospital? Friend: _____ Other: _____

Patient Information

Pet's Name: _____ Birth Date: _____ Age: _____ Breed: _____ Color: _____

Species: Dog () Cat () Sex: Male () Male Neutered () Female () Female Spayed ()

Microchip #: _____ Pet Insurance: No () Yes () Insurance Company: _____

Is your pet on any medications or supplements? No () Yes () _____

What diet is your pet on? _____

Do you know when the last vaccines were given? No () Yes () _____

Does your pet have any previous medical problems? 1. _____

2. _____

Does your pet have any current medical problems? 1. _____

2. _____

Has your pet had any adverse reactions to allergens, vaccines, or medications? No () Yes () _____

Where does your pet live? Indoors only () Outdoors only () Both ()