

Manley Animal Hospital

3812 S.E. Adams Road
Bartlesville, OK 74006

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Manley Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

MR. _____
MRS. OWNER(S) _____ SPOUSE'S _____
DR. _____ Last First Initial Last First Initial
MS. _____
OWNER'S S.S.# _____ SPOUSE'S S.S.# _____

CHILDREN _____
First Names

ADDRESS _____
Street City State Zip

RESIDENCE PHONE _____ WORK PHONE _____ SPOUSE'S WORK PHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____ / _____ ADDRESS _____
Employer Title

SPOUSE'S PLACE OF EMPLOYMENT _____ / _____ ADDRESS _____
Employer Title

IF NECESSARY, MAY WE CALL YOU AT WORK? YES NO

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?
 YELLOW PAGES HOSPITAL SIGN OTHER

PERSONAL RECOMMENDATION—WHO MAY WE THANK? _____

So that we are able to suit your individual needs, which do you feel most applies to you:

Check One:

- I feel that my pet is another member of our family.
 I feel that my pet is just a pet.

Check One:

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

PET INFORMATION (Please fill in the following for each pet.)

	Pet 1	Pet 2	Pet 3
NAME			
SPECIES (Cat, Dog, Other)			
BREED			
DESCRIPTION			
DATE OF BIRTH			
SEX			
SPAYED OR NEUTERED?			
DATE OF LAST VACCINATION			
IS YOUR DOG ON A HEARTWORM PREVENTATIVE?			

Again, thank you for giving us the opportunity to serve you.

We request payment at the time services are rendered. _____

Client's Signature