

# Red Mountain Animal Clinic

2148 Greensprings Highway  
Birmingham, AL 35205  
(205) 326-8080

## 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 sides of this information sheet.**

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Spouse's / Other's Employers & Address \_\_\_\_\_

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. WE CANNOT ACCEPT CHECKS WITHOUT DRIVER'S LICENSE NUMBER AND SOCIAL SECURITY NUMBER ON FILE.**

### For Check Writing:

Bank \_\_\_\_\_ Driver's License: State/# \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

### How did you first hear of our hospital?

- Individual; someone we may thank? \_\_\_\_\_  Referral  Hospital Sign  
 Bell South Yellow Pages  Community Pages (Red Book)  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 \_\_\_\_\_ Please complete all information for each pet

	Pet #1	Pet #2	Pet #3
Name			
Species (cat, dog, 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) Heartworm Prevention			
(Dog & Cat) Stool Check			
FVRCP (Cat)			
Leukemia (Cat)			
Rabies (Cat)			
FIP (Cat)			
FIV (Cat)			
Feline Leukemia Test (Cat)			
Feline Aids Test (Cat)			

Name and phone # of previous Veterinarian or Hospital for vaccination/medical history on your pet(s):