

Computer # \_\_\_\_\_

**WELCOME TO MYRES ANIMAL HOSPITAL**

**It is our privilege & honor to offer our best for you & your pet!**

**Please Circle One:** NEW CLIENT or CURRENT CLIENT & NEW PET

**How were you referred to our practice:**

Phonebook \_\_\_\_\_ Internet \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Client: \_\_\_\_\_  
Newspaper \_\_\_\_\_ Location \_\_\_\_\_ Sign at Road or on Building \_\_\_\_\_

**Who was the reference from?** \_\_\_\_\_

Owner(s) Name (Include Significant Other): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email : \_\_\_\_\_ Phone(s) \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Fees are to be paid at the time of service. Please circle the method(s) of payment you may choose to use:

CASH CHECK DEBIT CARD CREDIT CARD CARE CREDIT

Pets Name \_\_\_\_\_ DOB \_\_\_\_\_

Breed \_\_\_\_\_ Color/Description \_\_\_\_\_

Please circle which sex: MALE NEUTERED MALE FEMALE SPAYED FEMALE

Veterinary Hosp. where the vacs. were given & Ph. #: \_\_\_\_\_

**Please list dates vaccines were given or test was performed:**

RABIES \_\_\_\_\_ \*Was this the 1st Rabies your pet has had: YES or NO

**Dog:** DHLPPC \_\_\_\_\_ UPPER RESPIRATORY NASAL \_\_\_\_\_ K9 INFLUENZA \_\_\_\_\_  
LYME \_\_\_\_\_ FECAL \_\_\_\_\_ HTW TEST \_\_\_\_\_

**Cat:** FVRCP \_\_\_\_\_ FELV \_\_\_\_\_ FECAL \_\_\_\_\_  
FELV TEST \_\_\_\_\_ FIV TEST \_\_\_\_\_

\*Is your pet on heartworm prevention? YES or NO

\*Is your pet allergic to anything? YES or NO If yes, please list: \_\_\_\_\_

\*Is your pet on any medications? YES or NO If yes, please list: \_\_\_\_\_

**By signing below you are permitted by the owner of the pet to approve medical treatment and are aware that you are responsible for payment of medical expenses for this pet.**

**\*Signature of person or owner presenting this pet for treatment:** \_\_\_\_\_

Someone to contact in case of emergency other than yourself. Please list names & phone numbers clearly: \_\_\_\_\_