



Welcome!

Thanks for giving us the opportunity to care for your pet.
To ensure the best care possible, please fill out this form completely.
Thank you!

CLIENT INFORMATION

Name _____ Address _____
City _____ State _____ Zip _____ Home phone () _____
Cell phone () _____ Work phone () _____
*Social Security # _____ Driver's License # _____
Place of employment _____ Spouse/other caretaker _____
Spouse's social security # _____ Spouse's place of employment _____
Spouse's work phone () _____ Spouse's cell phone () _____

*If paying by check, we ask for either a Social Security or driver's license number. Number can be left on file or provided each time check presented.

What is the best phone number and time of day for us to contact you? _____

Can we contact you through e-mail? No Yes, here's my address: _____

Is there a day or time when you prefer to schedule appointments? _____

How did you hear about us? Friend/relative Clients receive a thank-you credit for referring new clients. Whom we may thank for sending you to us? _____

Internet Yellow Pages Google Other online _____

SBC Yellow Pages YellowBook Yellow Pages Street Sign Other _____

AUTHORIZATION

I prefer to pay by (please check appropriate box)

Cash Check (There will be a service charge on any returned check) Care Credit

Visa/Mastercard Discover American Express

Understanding that ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED, I authorize treatment for my pet. I also understand that a deposit is required for in-hospital treatment.

Signature _____ Date _____

John S. Bradley, D.V.M. A.B.V.P.
935 East 23rd Street, Lawrence KS 66046 (785) 843-9533
Member, American Animal Hospital Association

PET'S HEALTH HISTORY

PET #1

Pet's name _____

Dog Cat
 Other _____

Breed _____

Color _____

Birthdate _____

Male Neutered

Female Spayed

Brand of food _____

Are vaccines current?
 Yes No

Date/Hospital performed at _____

PET #2

Pet's name _____

Dog Cat
 Other _____

Breed _____

Color _____

Birthdate _____

Male Neutered

Female Spayed

Brand of food _____

Are vaccines current?
 Yes No

Date/Hospital performed at _____

PET #3

Pet's name _____

Dog Cat
 Other _____

Breed _____

Color _____

Birthdate _____

Male Neutered

Female Spayed

Brand of food _____

Are vaccines current?
 Yes No

Date/Hospital performed at _____

Please describe any previous surgeries or serious illnesses any of your pets have had. _____

Please describe any allergies to vaccinations or medications any of your pets have had. _____

Please list any medications your pets take. _____