



Client Information Form

9375 Atlee Road #4109  Mechanicsville, VA 23116

www.rutlandanimalhospital.com

Date: _____

First Name: _____ Last Name: _____ Spouse: _____

Street Address: _____

County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse Cell: _____ Emergency Number: _____ Contact Name: _____

Email Address: _____

Place of employment: _____

Driver's License: _____

How did you hear about us? Drove by our facility Internet/Facebook Advertisement
Other _____

Personal Recommendation Whom may we thank? _____

Please read the following completely before signing

Payment is expected at the time services are rendered. We accept cash, personal checks and all major credit cards. We will gladly prepare a written estimate if you desire. We make every effort to make sure all fees are fair and reasonable and you are encouraged to discuss charges before services are rendered. There will be a service charge to any check returned unpaid. All legal fees incurred due to collection of unpaid balances will be the responsibility of the client.

To prevent the spread of infectious diseases. All patients staying in the hospital must be current on all vaccines and free from internal and external parasites. The signature below authorizes the level of preventive care and the appropriate charges will be assessed on the discharge invoice.

Signature: _____

Date _____

Patient Information Form

Pet Information	Pet - 1	Pet - 2	Pet - 3
Name:			
Species:			
Breed:			
Date of Birth:			
Approximate Age:			
Color:			
Sex; Spayed or Neutered			
Previous Veterinary Clinic			

Please only fill out form below if you have any information available. If not, our staff members can assist you with obtaining your previous medical records.

CANINE VACCINATION HISTORY

List last vaccination date:	Pet - 1	Pet - 2	Pet - 3
Rabies:			
DHPP: (Distemper vaccine)			
Last Heartworm Check:			
Last Heartworm preventive given:			
Bordetella: (Kennel cough vaccine)			
Fecal: (Stool sample)			
Lyme: (Lyme disease vaccine)			
Lepto: (Lepto disease vaccine)			

FELINE VACCINATION HISTORY

List last vaccination date:	Pet - 1	Pet - 2	Pet - 3
Rabies:			
FDRC: (Distemper vaccine)			
Feline Leukemia Vaccine:			
Last FELV + FIV Test:			
Fecal: (Stool sample)			

Any previous serious illnesses or surgeries: _____

Any allergies to vaccinations or medications: _____

Is your pet on any special diets or medication: _____

Rutland Animal Hospital

9375 Atlee Road #4109, Mechanicsville, VA 23116

804-559-6502

Please read the following disclosure completely before signing

Our hours are Monday through Thursday, 7:30am until 7:00pm, Friday 7:30am until 6:00pm. We are closed on Saturdays and Sundays. We do not have continuous medical staff care when closed or on holidays. Care is provided (if deemed necessary) during the hours of closure, but is not continuous. Your signature below states that you have read and understand this disclosure form.

Signature: _____

Date _____