

BENTON VETERINARY HOSPITAL

NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Benton Veterinary Hospital. So that we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, and compassionate veterinary care from before "hello" to beyond "goodbye."

PATIENT INFORMATION

Pet's name _____ Sex: ___M___F Neutered or spayed? ___Y___N

Species ___Dog___Cat Pet's Date of Birth: _____

Breed: _____ Color: _____

Reason for bringing pet in: _____

List any allergies, special medications, or health problems your pet might have.

What type of food does your pet eat? _____ Treats? _____

Dates of last Vaccines: _____ **Please provide a copy of your pet's medical records**

Name of previous Veterinarian and Clinic _____

What type of heartworm preventative is your pet on? _____

What type of Flea/Tick preventative does your pet use? _____

CLIENT INFORMATION

First Name _____ LastName _____

Cell phone _____ Home phone _____ Other phone _____

Spouse/partner _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email address for Reminders: _____

Driver's License# _____ State _____ Expiration _____

SS# _____ Date of Birth _____

(without this information, we are unable to accept a check)

Other people who might bring your pet to hospital: _____

Payment is required when services are rendered. For your convenience, we accept cash, Mastercard, Visa, Discover, Care Credit and Checks (with SS#/DOB provided) We do not offer any type of payment plans. I verify all the information provided is accurate:

Signature _____ Date _____