



**Smith Veterinary Hospital
1110 East Highway 13
Burnsville, MN 55337**

Thank you for giving us the opportunity to care for your pet. Please help us meet your veterinary needs by taking a moment to complete this information sheet. A * indicates a required field.

*Owner's Name: _____ Spouse/Other: _____
 *Address: _____ Email address: _____
 *City: _____ *Zip Code: _____ *Home phone: _____
 Employer's name: _____ Work Phone: _____
 Cell phone: _____ Pager: _____

How did you find out about our hospital?

Individual: Someone we may thank? _____ Hospital sign
 Internet: What site? _____ Yellow pages for services
 Other: _____ Yellow pages for location

We consider our pet(s): Part of the family Just as pets

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please note your preferred method of payment:

Credit card Would you like us to put your credit card number into our computer? Yes No
 Personal Check Corporate Check Cash

We will gladly prepare a written estimate if you wish. Please ask the receptionist or doctor.

*Pet's name: _____ *Breed: _____
 *Date of Birth: _____ *Sex: _____ *Spayed/Neutered? _____
 *Color: _____ Microchip/Tattoo ID #: _____
 Any significant injury or illness? _____

<u>Canine</u>	Date of last vaccination	<u>Feline/Exotic</u>	Date of last vaccination
Distemper	_____	Distemper	_____
Hepatitis	_____	FIV	_____
Parainfluenza	_____	Leukemia Test	_____
Parvovirus	_____	Leukemia Vax	_____
Coronavirus	_____	Rabies	_____
Kennel Cough	_____		
Rabies	_____		

Where did you get your pet? Humane Society/Rescue Group Breeder
 Advertisement Friend Pet Shop Stray Other

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of the animal.

*Signature of owner or agent: _____ *Date _____