



COBBS FORD PET HEALTH CENTER

Prattville, AL 36066

CLIENT INFORMATION

Name _____ Home Phone _____ Cell _____
Title: Mr. Mrs. Ms. Dr. Other _____ (circle one) Email address _____
Address _____ City _____ St _____ Zip _____
Employer _____ Phone _____ May we call you at work? _____
Spouse _____ Employer and number _____

HOW DID YOU FIRST BECOME AWARE OF OUR CLINIC?

____ Drive By ____ Yellow Pages ____ Humane Society ____ Friend or Neighbor ____ Adoption ____ Groomer
____ Referral from another doctor ____ Chamber of Commerce ____ Other ____ May we thank them for referring you? ____

Name of person who referred you _____ Address _____

PLEASE CHECK ONE:

____ I feel my pet is a member of our family! ____ I feel my pet is just a pet.

PLEASE CHECK ONE:

____ I want the best medical care for my pet; please recommend what you feel is necessary for good health!
____ I want good medical care for my pet, but there is a limit to what I am able to have done.
____ I want you to perform only the services that I request.

PLEASE CHECK ONE:

____ I want to learn as much as I can about pet health care; please explain in detail what has been done for my pet or what is needed!
____ I would prefer you just summarize what has been done for my pet or what is needed.
____ I want my pet healthy, but I do not need to know what has been done.

PLEASE CHECK ONE:

____ I prefer to be present when my pet is treated! ____ I would rather not see my pet examined and treated!

	PET #1	PET #2	PET #3
Pet's Name			
Breed			
Color			
Date of Birth			
Sex	____ Male ____ Female	____ Male ____ Female	____ Male ____ Female
Neutered or Spayed?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No

What prior illnesses or surgery should we know about? _____

Is your pet currently on a special diet or medication? _____

Please list any know drug allergies: _____

ALL FEES ARE DUE UPON RELEASE.

SIGNATURE: _____ DATE _____