MAINE COAST VETERINARY HOSPITAL

CLIENT/PATIENT INFORMATION FORM

Today's date: (PLEASE PRINT)

CLIENT INFORMATION

Last name:	First:	Middle:	☐ Mr. ☐ Mrs.	☐ Miss ☐ Ms.	Spouse/Significant Other's name:
Co-owner, if applicable:		What do you prefer to be called?			
Street address:		City:			
State:	Zip Code:	Preferred phone number (please label cell, home, etc.) ( )		Secondary phone number (please label cell, work, etc.): ( )	

Mailing address if different from above:

Preferred method of contact: ☐ Phone ☐ Email	Email address:	How would you prefer to receive reminders? ☐ Email ☐ Postcard

How did you hear about us? Please let us know who referred you (if applicable) ☐ Internet ☐ Yellow Pages

☐ Family _____ ☐ Friend_____ ☐ Close to home ☐ Other

Who can we contact to get previous medical information for your pet?

PET INFORMATION

Pet's name:

Birthdate or approximate age:	☐ Male ☐ Female ☐ Neutered ☐ Spayed	☐ Cat ☐ Other: ☐ Dog _____

Breed: Color : Cats only: ☐ Indoor ☐ Outdoor

Diet:	Currently on flea/tick preventive: ☐ Yes ☐ No If so, which one:	Heartworm preventive: ☐ Yes ☐ No If so, which one:

Any known drug reactions?

List other pets at home:

Brief medical history:

Media Release (OPTIONAL): I give Maine Coast Veterinary Hospital authorization to use my pet's photo, story, and medical information for educational purposes and/or on social networking websites such as, but not limited to, our website and Facebook. (Owner name/information will **NOT** be used.)

☐ I agree Signature: _____ ☐ Please do not use my pet's information

Signature *Date*