

# ANIMAL MEDICAL CENTER OF PLANO

5809 Coit Road  
Plano, Texas 75093  
972-985-8448 phone / 972-758-5448 fax  
animalmedcenter@yahoo.com

## Client Information

Date: \_\_\_\_\_ Driver License #: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name (Last Name First): \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Additional Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_  
If it was from one of our clients, whom may we thank? \_\_\_\_\_  
Number of pets (please specify by type): \_\_\_\_\_  
Primary reason for visit: \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_ · Dog · Cat · Other \_\_\_\_\_  
Sex: · M · F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Neutered/Spayed: · Yes · No If yes, at what age? \_\_\_\_\_  
What age was pet obtained? \_\_\_\_\_  
From: · Friend · Breeder · Pet Shop · Humane Society · Other \_\_\_\_\_  
Reason for obtaining pet (check all that apply): · Companion · Protection · Breeding  
· Show · Other \_\_\_\_\_  
Brand or description of your pet's diet: \_\_\_\_\_  
List your pet's current medication: \_\_\_\_\_  
**Pet's History (check only those that pet has received):**  
· Distemper Vaccine · Feline Leukemia Test · Prior Surgery: \_\_\_\_\_  
· Parvovirus Vaccine (Dog) · FVRCP Vaccine (Cat) · Prior Illness: \_\_\_\_\_  
· Rabies Vaccine (Dog/Cat) · Dental · Other \_\_\_\_\_  
(Please see second sheet for additional pet information.)

## Authorization

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. I also understand that ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.***

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_  
Please provide a copy of driver's license or ID.

## Pet Information

Pet's Name: \_\_\_\_\_ · Dog · Cat · Other \_\_\_\_\_

Sex: · M · F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Neutered/Spayed: · Yes · No If yes, at what age? \_\_\_\_\_

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· Show · Other \_\_\_\_\_

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