



# Animal Hospital of Pasco

3012 N Road 92  
Pasco, WA 99301

(509) 545-9949  
www.pascovets.com

# Patient Information Sheet

Form P-102  
Rev. 6/16/2009



Please complete this form so that our staff can be fully prepared to give your pet the best possible care.

## Patient Information

Pet's name		Breed	Pet's date of birth
Pet's gender <input type="checkbox"/> Intact male <input type="checkbox"/> Intact female <input type="checkbox"/> Neutered male <input type="checkbox"/> Spayed female		Description of pet	
Has your pet had any allergies to any medications, food, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:			
Has your pet received vaccinations in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the vaccines given:			
For cats: <input type="checkbox"/> FVRCP-C <input type="checkbox"/> Rabies <input type="checkbox"/> Leukemia <input type="checkbox"/> Leukemia FIV Test <input type="checkbox"/> Other:			
For dogs: <input type="checkbox"/> Lepto <input type="checkbox"/> Corona <input type="checkbox"/> Lyme <input type="checkbox"/> Distemper/parvo/parainfluenza/adenovirus/hepatitis <input type="checkbox"/> Kennel cough/bordetella <input type="checkbox"/> Rattlesnake vaccine <input type="checkbox"/> Other:			
Is your pet microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which brand of microchip was used?			Chip ID code, if available:
<input type="checkbox"/> Schering-Plough HomeAgain <input type="checkbox"/> AVID FriendChip <input type="checkbox"/> TRAVELchip			<input type="checkbox"/> Bayer ResQ <input type="checkbox"/> Trovan AKC-CAR
<input type="checkbox"/> Allflex 24PetWatch <input type="checkbox"/> Other:			
Is your pet insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which insurance company do you use?		Medications your pet is currently on (if applicable):	
Does your pet have any <b>medical conditions</b> or <b>behavioral issues</b> that may require special cognizance from our staff? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
<input type="checkbox"/> Diabetic <input type="checkbox"/> Epileptic/seizures <input type="checkbox"/> Biter/needs muzzle <input type="checkbox"/> (Dogs only) Aggressive toward other dogs <input type="checkbox"/> Heart condition <input type="checkbox"/> Adverse reaction to vaccine(s) (specify): <input type="checkbox"/> Other:			
Did your pet have another healthcare provider prior to us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name and number of the previous provider:			

In consideration of Animal Hospital of Pasco, P.S. accepting my pet for anesthesia/surgery/medical treatment/diagnostic testing, I do hereby release, discharge, and waive any claims, demands, and/or actions against Animal Hospital of Pasco, P.S., its agents, employees, officers, and insurers arising from or relating to injury, illness, or death that may occur during the period of hospitalization. I understand that all charges must be paid in full at the time of service and/or discharge.

Signature of Owner or Agent

Date