



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 medical conditions or behavioral issues 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