

NORTHERN PLAINS ANIMAL HEALTH, PC  
CLIENT / PATIENT INFORMATION

Revised 4-10-2015

Today's Date \_\_\_\_\_

Owners Name \_\_\_\_\_

Who will be financially responsible for patient? \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact person \_\_\_\_\_  
(Name) (Phone)

Please tell us how you heard about our clinic:  Newspaper  Yellow Pages  Sign  Radio  Web  
 Facebook  Friend; whom may we thank \_\_\_\_\_ Other \_\_\_\_\_

**Payment for services is expected when rendered**

Pet's Name \_\_\_\_\_ Dog/Cat Breed \_\_\_\_\_

Male / Female Neutered / Spayed Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Has your pet had any vaccinations? Yes / No If so, please list date of last vaccination

**Canine** \_\_\_\_\_ Rabies  
\_\_\_\_\_ Distemper / Parvo  
\_\_\_\_\_ Lyme Vac  
\_\_\_\_\_ Bordatella

**Feline** \_\_\_\_\_ Rabies  
\_\_\_\_\_ Distemper  
\_\_\_\_\_ Feline Leukemia  
\_\_\_\_\_ FIP

Describe your pet's diet \_\_\_\_\_

List your pet's current medications \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_  
(Name) (Clinic) (Phone)

May we contact your previous Veterinarian if needed?  Yes  No

Prior illness, allergies, surgeries we should be aware of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_