

**CARROLL VETERINARY CLINIC**

12 Healthy Trail  
 Hillsville, VA 24343  
 Phone: 276-728-4841

**FOOTHILLS PET HEALTHCARE CLINIC**

Highway 89  
 111 Healthy Trail  
 Mount Airy, NC 27030  
 Phone: 336-789-0009

**CLIENT - PATIENT INFORMATION FORM****CLIENT INFORMATION:**

Owners Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_

Please indicate choice of payment:  Cash/Check  Visa  MasterCard  Discover  Other

How did you become aware of our Clinic?  Drove by  Yellow Pages  Previous Client  Personal Recommendation

If hospitalized, we may need to contact owner during working hours. We need this information, if you can be contacted at work.

**PATIENT INFORMATION:**

Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Indoor or Outdoor Pet \_\_\_\_\_ How long owned \_\_\_\_\_

What does pet eat? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

**MEDICAL HISTORY:**

What vaccinations has pet had? \_\_\_\_\_ Last Done \_\_\_\_\_

What illness has pet had? (Give dates and short explanation) \_\_\_\_\_

Has your pet ever had surgery? (Give date and short explanation) \_\_\_\_\_

Any other important information? \_\_\_\_\_

Does your pet take medication regularly?  Yes  No If yes please list \_\_\_\_\_

**TODAY'S VISIT:**

Reason: Vaccination  Boarding  Grooming

Illness (explain) \_\_\_\_\_

Surgery (explain) \_\_\_\_\_

Other (explain) \_\_\_\_\_