

Santa Fe Animal Clinic Client & Patient Information Sheet

Client Information:

Today's Date: _____

Last Name: _____		First Name: _____	
Spouse/ Co-Owner: _____		Spouse Phone: _____	
Street Address: _____		Unit / Apt Number: _____	
City: _____	State _____	Zip Code _____	
Primary Number () _____	Please check: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Secondary Number () _____	Please check: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Email address: _____		Client Date of Birth: _____	
Driver's License No. & State: _____		Expiration Date: _____	

**We need both your DLN and DOB for California state regulations for dispensing medications.*

Pet Information: (this is the info on your furry friend):

Name: _____	Species: (Check one): Dog <input type="checkbox"/> Cat <input type="checkbox"/>		
Breed(s): _____	Male: <input type="checkbox"/>	OR Female: <input type="checkbox"/>	Spayed/Neutered? <input type="checkbox"/>
Date of Birth: _____	Color: _____	Microchipped? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Vaccine History: Please list most recent vaccination dates, if known.

DOG	Last known Heartworm Test: _____
Rabies:	DHPP (Distemper/Parainfluenza/Parvo): _____
Bordetella (kennel cough):	Coronavirus: _____
Influenza:	Leptospirosis: _____

Cat

Rabies: _____	FVRCP: _____
FeLV (Feline Leukemia): _____	Last known FELV/ FIV test: _____

Previous Medical History: Please list known illnesses, surgeries, accidents & dates if known.

Current Medications & dosing: _____
Known Allergies to Vaccines &/or Medications? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list below. _____

Have you lived in another state?? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, what state(s)? _____
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How did you hear about our clinic? _____

Signature: _____	Date: _____
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Occasionally we capture photographs or videos of patients during treatments, exams, and boarding. By signing below, you authorize Santa Fe Animal Clinic permission to use your pet's image(s) via electronic media. This includes but is not limited to: Facebook, Instagram, Marketing campaigns, and our website.

Signature: _____	Date: _____
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Santa Fe Animal Clinic is happy to offer both Senior Military discounts to our valued clients. Please let a staff member know if this applies to you.