Polk County Animal Hospital

Welcome to Polk County Animal Hospital
We appreciate the opportunity to serve both you and your pet.
Please print all information below.

Owner's Name	Spouse's Name	Today's Date
Street Address		Client No. (office use only)
City	State	Zip Code
Employer	Driver Lic.No..	Social Security No.
Home Phone	Work Phone	Cellular Phone

E-mail address: _____

Do you qualify for our senior citizen discount? (65 or older) ☐ Yes ☐ No

How did you learn of our hospital ? ☐Phone Book ☐Website ☐Animal Shelter (specify)_____

☐ Existing Client (please specify)_____ ☐ Other _____

Pet's Name: _____ Species: ☐Dog ☐ Cat ☐Other (specify) _____

Microchip Number: _____ Breed: _____ Color: _____

Date of Birth: _____ Sex: ☐Male ☐Female Spayed or Neutered? ☐ Yes ☐ No

Does your pet have any known medical problems (allergies, drug reactions, previous surgeries, etc.) Yes No
If yes, please describe:

Has your pet received previous medical treatment?

☐ Yes ☐ No

If yes, may we request your pet's previous health records?

☐ Yes ☐ No

DOGS ONLY

☐ DHLP-P Date: _____
☐ RV Date: _____
☐ Bordatella Date: _____
☐ Lyme Date: _____

Previous Dr. and or hospital name:

_____

Is your dog taking heartworm preventative? ☐ Yes ☐ No

Type of preventative : _____

CATS ONLY

☐ FVRC-P Date: _____
☐ Rabies Date: _____
☐ Leukemia Date: _____
☐ FIP Date: _____

Previous Dr. and or hospital name:

_____

Where does your cat live?

☐Indoors only ☐ Indoors & Outdoors ☐ Outdoors only

All fees are due at the time the patient is released. Acceptable methods of payment include cash, check (with proper identification), Visa, MasterCard, Discover, American Express, or CareCredit. Upon request a written estimate can be provided for all services prior to treatment. A deposit may be required prior to treatment for certain hospital cases.

Signature of Owner or Agent of Owner: _____