

TALBURT ANIMAL HEALTH CENTER

3001 Porter Wagoner Blvd, West Plains, MO 65775

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

NAME _____ SPOUSE/CO-OWNER NAME _____
LAST FIRST LAST FIRST

ADDRESS _____
STREET ADDRESS CITY STATE ZIP

RESIDENCE PHONE _____ CELL PHONE _____ CELL PHONE#2 _____

*E-MAIL ADDRESS _____

*Please enroll me as a registered member of the hospital website: Yes No

*Please subscribe me to the FREE Pet Living & Wellness E-Newsletter: Yes No

As a registered member I will be able to:

▪ Request appointments/boarding ▪ Make better decisions about my pets' health and well-being ▪ Discover ways to help my pet live a longer & healthier life ▪ Inform if pet is lost or deceased ▪ Notify of address change ▪

Please note: Your privacy is important to us.
All information received in all forms and through other communication is subject to our Patient Privacy Policy.

PLACE OF EMPLOYMENT _____ WORK PHONE _____

SPOUSE'S PLACE OF EMPLOYMENT _____ WORK PHONE _____

DRIVER'S LICENSE NUMBER _____ SPOUSE'S LICENSE NUMBER _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

CLINIC SIGN ADVERTISEMENT TELEPHONE BOOK SEARCH ENGINE/WEBSITE

PERSONAL RECOMMENDATION (WHOM MAY WE THANK) _____

I hereby authorize the veterinarian to examine, prescribe for or treat my pets. I assume responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. As a part of the consideration hereof, I agree to pay all costs of collection, including but not limited to all court costs and reasonable attorney's fees if this account is placed in the hands of an attorney for collection.

SIGNATURE _____ DATE _____

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NEW PATIENT FORM

DATE _____

PET'S NAME _____ DATE OF BIRTH OR AGE _____

DOG CAT OTHER

MALE FEMALE
 MALE/NEUTERED FEMALE/SPAYED

BREED _____ COLOR _____

INDOOR PET OUTDOOR PET INDOOR/OUTDOOR PET

DATE OF MOST RECENT VACCINATIONS:

DOGS

RABIES _____ PARVO/DISTEMPER _____ BORDETELLA _____

CATS

RABIES _____ VIRAL 4-WAY _____ LEUKEMIA _____ FIV _____

KNOWN ALLERGIES _____

CURRENT MEDICATIONS (INCLUDE HEARTWORM PREVENTATIVE AND FLEA CONTROL)

ON-GOING HEALTH PROBLEMS _____
