

PATIENT/CLIENT INFORMATION

Welcome to Companion Care Veterinary Clinic. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information form.

Your Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Spouse/Other Cell Phone \_\_\_\_\_

By giving us your email address you will have access to Pet Portals. Pet Portals will allow you access to all of your pet's medical records, you will be able to request appointments and request prescription refills, confirm appointments, upload photos of your pets and more all from your home computer or with our smart phone app.

In addition you can choose how you will receive reminders...

Appointment Reminders    \_\_\_ Email    \_\_\_ Text    \_\_\_ Voice Message

Vaccination Reminders    \_\_\_ Email    \_\_\_ Text    \_\_\_ Voice Message

Referred By \_\_\_\_\_

Tell us about your pet(s)

#1. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered: Y / N

Breed \_\_\_\_\_ Color \_\_\_\_\_

Is your pet microchipped? Y / N

#2. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered: Y / N

Breed \_\_\_\_\_ Color \_\_\_\_\_

Is your pet microchipped? Y / N

#3. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered: Y / N

Breed \_\_\_\_\_ Color \_\_\_\_\_

Is your pet microchipped? Y / N

#4. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered: Y / N

Breed \_\_\_\_\_ Color \_\_\_\_\_

Is your pet microchipped? Y / N