



Patient and Client Information

Thank you for selecting K-M Regional Veterinary Hospital & Surgical Center.
 We welcome the opportunity to provide the best care possible for your pet.
 Please help us become better acquainted by completing the following:

Your Name _____ Spouse _____
Last First Initial Last First Initial

Address _____
Street City State Zip Home phone

Your place of employment _____
Employer Position Work phone

Spouse's place of employment _____
Employer Position Work phone

Cell Phone _____
Yours Spouse Other (name)

SSN or Driv. Lic. _____
Yours Spouse

E-mail Address _____

	PET A	PET B	PET C
Pet's Name			
Cat? Dog?			
Birthdate			
Sex (neut)			
Breed			
Color			
Last Rabies			
Last Distemper			
(dog) Bordetella			
(dog) Lyme			
(cat) Leukemia			
Last Fecal			



How did you first become aware of our hospital?

- Yellow pages
 Hospital Sign
 Website
 Other _____
 Personal Recommendation
 Whom may we thank? _____

Fees

All Fees are due at the time of service or upon release of patient. We do not charge.

Method of Payment

- Cash
 Check
 MasterCard/Visa
 Care Credit

Client's Signature: _____

We thank you again for giving us the opportunity to serve you and your pet.