



Thank you for giving us the opportunity to care for your pet. We are happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

**Client Name:** \_\_\_\_\_

Spouse/Other Caregiver : \_\_\_\_\_

Client Dr. Lic #: \_\_\_\_\_ DOB : \_\_\_\_\_ (Both are required for controlled drugs)

Full Address (Street, Apt#, City, State, Zip Code): \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ (Cell, Home, Work?) Secondary #: \_\_\_\_\_ (Cell, Home, Work?)

May we send text message reminders? yes no

Spouse Phone# \_\_\_\_\_ (Cell, Home, Work?) Spouse Secondary # \_\_\_\_\_ (Cell, Home, Work?)

Email Address: \_\_\_\_\_

(This is so you can receive copies of your pet's lab work, report cards, reminders, receipts and occasional informational emails.)

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**Pet's Name** \_\_\_\_\_ **Breed** \_\_\_\_\_  
Male / Female Neutered / Spayed Birth Date or Age \_\_\_\_\_ How long owned? \_\_\_\_\_

Color \_\_\_\_\_ Does your pet take any medications? \_\_\_\_\_

Does your pet have any allergies or significant previous illness/injury? \_\_\_\_\_

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**Additional Pet's Name:** \_\_\_\_\_ **Breed** \_\_\_\_\_

Male / Female Neutered / Spayed Birth Date or Age \_\_\_\_\_ How long owned? \_\_\_\_\_

Color \_\_\_\_\_ Does your pet take any medications? \_\_\_\_\_

Does your pet have any allergies or significant previous illness/injury? \_\_\_\_\_



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**Additional Pet's Name:** \_\_\_\_\_ **Breed** \_\_\_\_\_  
Male / Female \_\_\_\_\_ Neutered / Spayed \_\_\_\_\_ Birth or Date Age \_\_\_\_\_ How long owned? \_\_\_\_\_  
Color \_\_\_\_\_ Does your pet take any  
medications? \_\_\_\_\_  
Does your pet have any allergies or significant previous  
illness/injury? \_\_\_\_\_

How did you hear about Fox Run Animal Hospital  
Sign / Drive by \_\_\_\_\_ Web Site \_\_\_\_\_ Newspaper \_\_\_\_\_ Web Search \_\_\_\_\_  
Friend/Family \_\_\_\_\_  
Who may we thank? \_\_\_\_\_

**All Payments are due at the time of services rendered.**  
We accept all major credit cards, checks, cash and Care Credit.  
I have read and understand the above the above statements and agree to all terms therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date