

*We welcome you and your fur babies to our practice family!*



COLUMBIA HOSPITAL FOR ANIMALS  
New Client/Patient Information

**CLIENT INFORMATION**

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Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation Employer \_\_\_\_\_ Spouse Cell \_\_\_\_\_

Email \_\_\_\_\_

**Payment is expected at the time services are rendered.**

Please Circle Payment Method Below.

Cash    Check    Visa    MasterCard    Discover    Care Credit

**PATIENT INFORMATION**

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

Date of Birth \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ Sex \_\_\_\_\_

Other Surgeries or important illnesses \_\_\_\_\_

	Canine	Feline
Date of Last	DHPP _____	FVRCP _____
	Rabies _____	FELV _____
	Bordetella _____	FIV _____
	Heartworm Test _____	FELV/FIV Test _____

Drug Hypersensitivity \_\_\_\_\_

How did you hear and choose our hospital \_\_\_\_\_

Other Pets \_\_\_\_\_

