

Client and Patient Information

Animal Hospital of Tampa, Inc.
Dr. Kermit R. Harvey

Welcome, and thank you for giving us the opportunity to care for your pet(s).
So that we may best serve you, please complete the front and back:

Client Information:

Owner: _____
Title Last Name First Name M.I.

Address: _____
Number and Street

City State Zip Code

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext. _____
If necessary, may we call you at work? Yes No

How did you become aware of our hospital? Please check all that apply.

- Yellow Pages
- Hospital Sign/ Drive By
- Internet Site: _____
- Referred By (Whom may we thank?): _____
- Other _____

Contact Person In Case Of Emergency:

Name: _____ Phone Number: _____

All Fees Are Due At Time Services Are Rendered!

For your convenience, we accept Visa, MasterCard, Discover, American Express, and CareCredit as well as cash and personal checks with driver's license.

Patient Information:

Please fill in the appropriate information for your pet(s)

	PET #1	PET #2	PET #3
NAME			
SPECIES (Cat, Dog, Other)			
BREED			
COLOR			
DATE OF BIRTH			
SEX			
SPAYED OR NEUTERED?	Circle One: Y N	Circle One: Y N	Circle One: Y N
MICROCHIPPED?	Circle One: Y N	Circle One: Y N	Circle One: Y N
ON HEARTWORM PREVENTION?	Circle One: Y N	Circle One: Y N	Circle One: Y N
ON FLEA CONTROL?	Circle One: Y N	Circle One: Y N	Circle One: Y N

Previous veterinarian(s) where vaccine history and medical records can be obtained:

Hospital Name: _____

Phone Number: _____

Please list, per pet, any prior illnesses or surgeries we should know about:

Pet #1: _____

Pet #2: _____

Pet #3: _____

Please list, per pet, any known drug or vaccine allergies:

Pet #1: _____

Pet #2: _____

Pet #3: _____