



Welcome to Central Langley Pet Hospital
 Thank you for choosing us for all your pet care needs
"Caring for Pets and Their People"

Client ID # _____

CLIENT INFORMATION

Owner's Name: _____ Home Ph: _____
 Spouse: _____ Cell Phones: _____
 Address: _____
 City: _____ Postal code: _____ E-mail: _____
 Employer: _____ Work Ph: _____
 Spouse's Employer: _____ Work Ph: _____
 Emergency Contact: name and ph: _____

How did you find us?
 Advertising: Phone Book: Other: Our Hospital Staff: name: _____ Personal Recommendation: name: _____

PET INFORMATION

Patient ID# Office use only	Cat Dog Bird Other	NAME	BREED	COLOUR	DATE OF BIRTH M/D/Y	SEX M/F	Spayed/ Neutered

Is your pet currently on any special medication, including heartworm medication? Yes ___ No ___
 If yes, what medication? _____

Have you medicated your pet recently? (Aspirin, Tylenol, etc.) Yes ___ No ___
 If yes, with what? _____

Any prior illness or injury we should know about? Yes ___ No ___
 If yes, please explain _____

Previous veterinarian: _____

What is the most important thing you expect from your veterinarian? _____