

**CORNERSTONE VETERINARY HOSPITAL, LLP
CLIENT INFORMATION SHEET**

Today's date _____

Owner Name _____

Partner/Spouse _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Partner Work Phone: _____ Partner Cell: _____

Fax _____ Email _____

Do your pets have contact with children? Y N

If so, what are the ages of the children? _____

Who recommended us to you? _____

Or why did you pick us? _____
(e.g. yellow pages, location , word of mouth, etc)

What form of payment do you prefer? Cash Check MC Visa Discover

PLEASE NOTE THAT PAYMENT IS EXPECTED AT TIME OF APPOINTMENT

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PET INFORMATION

Name _____ Age/birthdate _____

How old was this pet when you obtained him/her? _____

Species (circle) dog cat other _____

Breed _____ Color _____

Male _____, Female _____ Spayed/Neutered? Y N

Last Vaccinations:

CANINE Rabies _____
Distemper/parvo _____
Lepto _____
Bordetella _____
Last Heartworm Prevention _____

FELINE Rabies _____
Distemper/upper respiratory _____
Leukemia _____

Is your pet currently receiving any medication?

Any past or present health issues or injuries to be aware of?

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