



Central Veterinary Hospital
5245 Central Ave.
Fremont, CA 94536
(510) 797-PETS (7387)

24 Hour Nursing Care

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Central Veterinary Hospital the opportunity to care for you and your pet. So that we may become better acquainted, please complete the following:

Owner _____

Last

First

Middle Initial

Street Address _____

City, State, and Zip _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Occupation _____ Employer _____

Address _____

City, State and Zip _____

Driver's License # _____ SS# _____

Spouse's Name _____

Last

First

Middle Initial

Spouse's Occupation _____ Employer _____

Spouse's Work Phone _____ Driver's Lic# _____ S.S.# _____

If necessary, may we call you at work? _____ Yes _____ No _____ Best Time? _____

Were you referred by a client? Yes _____ No _____ Client's Name _____

Were you referred by a Doctor? Yes _____ No _____ Doctor's Name _____

Hospital Name _____

City, State and Zip _____ Phone Number _____

Or, please check one of the following: Internet _____ Yelp.com _____ Hospital Sign _____ AT&T Yellow pages _____
Valley Yellow Pages _____ Animal Control _____ Pet Store _____

How old was your pet when you acquired it? _____
 How many hours is your pet outside each day? _____
 What is the best time to reach you at home? _____
 What prior illness or surgery should we know about? _____
 Previous Veterinary Hospital? _____

ALL FEES ARE DUE UPON RELEASE OF YOUR PET Please indicate your choice of payment:

Cash Check MC/Visa/AE/CareCredit Pet Insurance

	Pet 1	Pet 2	Pet 3
Name			
Species (Cat, Dog, Other)			
Breed			
Description			
Date of Birth			
Sex			
Altered			
Dates Vaccinated			
DHPP (Dog)			
Parvovirus (Dog)			
FVRCP (DRT) (Cat)			
Rabies (Both)			
Heartworm Test			
Previous Medication			
Fecal Check (Worms)			
Dentistry			
FeLV/FIV test (Cat)			
FeLV Vaccine			
Other Medications?			
Diet?			

Are any of the following a concern to you in your pet's behavior? Please Check.

- Excessive Barking Biting Excessive Itching/Scratching Shedding
- Straying from home Smell Problem around children House Breaking
- Wetting/Spraying in house Overly rambunctious/Overly Enthusiastic

Is your pet currently on a special diet or medication? _____

What health care or grooming products are you currently using? _____

List any known drug allergies _____

Date _____

Client Signature

Again, thank you for selecting our hospital and giving us the opportunity to serve you.

Dr. Bill Bentham, the Doctors and Staff of the Central Veterinary Hospital & Emergency Service.
“SERVING THE TRI-CITY AREA SINCE 1959”