

Welcome to American Animal Care

The information we are requesting on this form will enable us to get better acquainted with you and your pet(s). This is because our goal is to appreciate and care for your pet, not merely as animals, but as a family companion and member of the household. Your answers will also help us recognize potential threat to your health and well-being and in the event of illness, will help us recommend a course of treatment that is suited to your family situations.

Pet's Information	Pet # 1	Pet # 2	Pet # 3	Pet # 4
*Pet's Name				
*Species (Dog, Cat, Bird, etc..)				
*Breed				
*Sex				
*Spayed/Neutered				
*Colors & Markings				
*Date of Birth				
*Last Booster Vaccination				
*Previous Vet. Hospital & Veterinarian's Name				
Previous Major Illness				
Additional Impt. Information				

Client Information

IMPORTANT: Kindly fill out completely and accurately for reminder cards mailings.

* Last Name _____ *First Name _____ *Middle Initial _____

*Address _____
House # Street City Zip Code

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

*Occupation _____ *Employer _____ *Email _____

Spouse/Other's Name (Emergency Contact) _____

Home Number _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____ Email _____

*Driver's License No. _____ *State Issued _____ *EXP. Date _____

*How did you hear about us? A personal recommendation from _____

Valley Yellow Pages ATT Yellow Pages Val Pak Tri City Voice Internet News Paper

Note: Professional fees are due at the time services are rendered. Kindly inform our hospital with any change(s) in your address or phone number for our reminder purposes.

Signature _____ Date _____

Private and Confidential

***Required Information**