

**PEBBLE MARYLAND ANIMAL HOSPITAL**  
**CLIENT INFORMATION SHEET**

1247 E. Pebble Rd.  
Las Vegas, NV 89123

(702) 407-8311

Date: \_\_\_\_\_

CLIENT ID# \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Spouse/Secondary Owner:** \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License #: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CALL:** \_\_\_\_\_  
**AT TELEPHONE NUMBER:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR HOSPITAL?** (Please circle one)

Sign Yellow Pages Individual (someone we may thank?) \_\_\_\_\_

Newspaper \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**PREVIOUS ANIMAL HOSPITAL/VETERINARIAN INFORMATION**

Name of Clinic or Doctor: \_\_\_\_\_ City/state: \_\_\_\_\_

May we request your pet's health records? (circle one)      Yes              No

Any other information you feel we should know about your pet?

\_\_\_\_\_  
\_\_\_\_\_

**ALL FEES ARE DUE AT TIME OF SERVICE**

**We accept VISA, MasterCard, Discover, American Express, Cash, Check, ATM, and CARE CREDIT.** Upon your request, we will be happy to provide you with a written estimate of fees for treatment, emergency care, surgery, or hospitalization. A deposit prior to treatment may be required depending on the amount of the estimate.

**Signature of owner:** \_\_\_\_\_

**Please Complete Back Side**

**ANIMAL MEDICAL HISTORY**  
(Complete one column for each pet)

**PET INFORMATION**

	1 <sup>ST</sup> PET	2 <sup>ND</sup> PET	3 <sup>RD</sup> PET
Name			
Species			
Breed			
Description			
Date of birth			
Sex	F F/S M M/N	F F/S M M/N	F F/S M M/N
Time owned			
Diet (pet food)			

**F- Female F/S- Spayed Female M-Male M/N- Neutered Male**

**DOES YOUR PET HAVE A MICROCHIP? YES\_\_\_\_\_ NO\_\_\_\_\_**

**IF YOUR PET IS OVER 7 YEARS OLD, HAVE THEY HAD A SENIOR WELLNESS EXAM YET? YES\_\_\_\_\_ NO\_\_\_\_\_**

**VACCINATION HISTORY (Dates of most recent vaccines)**

**Dogs**

Distemper			
Rabies			
Parvovirus			
Bordetella			
Lyme			
Other			

**Cats**

Distemper			
Rabies			
Feline Leukemia			
Other			
FELV/FIV Tested	Yes___ No___	Yes___ No___	Yes___ No___

**PREVIOUS MEDICAL HISTORY**

Special Diet			
Any Medication			
Type of Medication			
Prior Illness			
Prior Surgery			
Other			