

The Veterinary Medical Group of Des Moines

Animal Medical Clinic of Merle Hay
 Animal Care Clinic West
 Metro Cat Hospital
 Vista Veterinary Centre

New Patient/Client Information

Thank you for giving us this opportunity to care for your pet. Please help us meet your needs and the needs of your pet by taking a moment to complete both sides of this information sheet.

Date _____ Email Address _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell phone _____

Employer's Name/Address _____

If we need to contact you about your pet, or in an emergency, who should we contact, and what number should we call? _____

Method of payment (check all that may apply): ____ credit card ____ check ____ cash

AT OUR HOPITALS YOU WILL RECEIVE OPTIONS FOR THE CARE AND TREATMENT FOR YOUR PET(S). WHEN THESE OPTIONS ARE GIVEN WE WILL GLADLY PREPARE A WRITTEN ESTIMATE IF YOU DESIRE, SO THAT YOU CAN DETERMINE THE LEVEL OF CARE YOUR PET WILL RECEIVE. **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Animal Medical History (please complete all information for each pet)

	Pet #1	Pet #2
Name of Pet		
Species (cat, dog) / Male or female?		
Breed		
Color		
Age / Date of Birth		
Where did you get pet?		
Length of time owned		
Spayed or neutered?		
Planning to breed pet?		
Pet food (brand)		
How often do you bathe your pet? Brush?		
Number of hours spent outside per day		
How much one on one time is spent with pet?		
Has your pet had a professional dental cleaning?		
Do you provide home dental care?		
PRIOR ILLNESSES OR SURGERIES		

I have read and understand all items listed on this form _____