



# Pilot Knob Animal Hospital

4145 KNOB DRIVE • EAGAN, MINNESOTA 55122 • (651) 452-8160

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

Client #: \_\_\_\_\_

## Welcome to Pilot Knob Animal Hospital!!

Please provide the following information to create your family's medical record:

### CLIENT INFORMATION

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Email \_\_\_\_\_

Please check the preferred form of contact above.

Alternative Contact/Spouse's Phone \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_

Canine  Feline  Other

Breed \_\_\_\_\_

Date of Birth \_\_\_\_\_

Color/Markings \_\_\_\_\_

Male  Female  Spayed/neutered

Current Medications \_\_\_\_\_

\_\_\_\_\_

Pertinent Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Date of last Rabies Vaccine \_\_\_\_\_

Date of last Distemper Combo \_\_\_\_\_

Date of last Fecal Sample \_\_\_\_\_

Date of last Heartworm Test \_\_\_\_\_

Date of Feline Leukemia Test \_\_\_\_\_

Other Vaccines \_\_\_\_\_

Name \_\_\_\_\_

Canine  Feline  Other

Breed \_\_\_\_\_

Date of Birth \_\_\_\_\_

Color/Markings \_\_\_\_\_

Male  Female  Spayed/neutered

Current Medications \_\_\_\_\_

\_\_\_\_\_

Pertinent Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Date of last Rabies Vaccine \_\_\_\_\_

Date of last Distemper Combo \_\_\_\_\_

Date of last Fecal Sample \_\_\_\_\_

Date of last Heartworm Test \_\_\_\_\_

Date of Feline Leukemia Test \_\_\_\_\_

Other Vaccines \_\_\_\_\_



# Pilot Knob Animal Hospital

4145 KNOB DRIVE • EAGAN, MINNESOTA 55122 • (651) 452-8160

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

Client #: \_\_\_\_\_

## REFERRAL INFORMATION

How did you learn about our clinic?

- Referred by (name) \_\_\_\_\_  Internet  Drove by  Mailer  Humane Society  
 Phone Book  Other Clinic  Other \_\_\_\_\_

## PHOTO RELEASE FORM

I grant to Pilot Knob Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Pilot Knob Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- The above may take photos of me and/or my pet  
 The above may **NOT** take photos of me and/or my pet

## PAYMENT INFORMATION

We accept cash and all major credit cards. Care Credit is accepted on invoices greater than \$500.

Please indicate your payment preference:  Cash  Visa  MasterCard  Discover  American Express

*I verify that I am the legal owner of the animals identified on this form and am responsible for all medical decisions and payments at the time of service.*

*I authorize the following person(s) to make medical decisions on my behalf:*

No One

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

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