

JOE METCALF, D.V.M. CHRIS PEEK, D.V.M.

N. RICHLAND HILLS, TEX. 76180

CLINIC: 485-2450

PATIENT AND CLIENT INFORMATION SHEET

e					CHERR
Thank you for giving Davis Bl		inity to care for your p	et. So that we may	become bet	ter acquainted,
please complete the following	ig:				
MR.					
MRS. OWNER(S)	FIRST	SPOUSI		FIRST	INITIAL
DR.	PIRSI	INITIAL	LAST	OBTAIAN	DATES VAC
MS.					
CHILDREN				Inoff) 3	
	FIRST NAMES				
ADDRESS					
ADDITEOU	CITY	STATE		Asserted St.	ZIP CODE
RESIDENCE PHONE	WORK PHONE	SPOUSE'S	S WORK PHONE	M LEST	MEARTWOR
			4000000		
PLACE OF EMPLOYMENT	EMPLOYER	TITLE	ADDRESS		-1010/1100-
SPOUSE'S PLACE OF EMP	PLOYMENT	1	ADDRESS		
STOUGE OF EACE OF EMI	EMPLOY	YER TITLE		BMOC	PELEUK VA
IF NECESSARY, MAY WE	CALL YOU AT WORK?	YES NO			
HOW DID YOU BECOME A	WARE OF OUR HOSPITA	L?			
☐ YELLOW PAGES	☐ HOSPITAL SIGN				
□ PERSONAL RECO	MMENDATION - WHO MA	AY WE THANK? _	1	N/	ME
0 11 1 11 11 11		shieb de veu feel me	et applies to you		
So that we are able to suit	your individual needs - w	mich do you leel mic	ost applies to you		
Check One.					
(1) ☐ I feel that my pet is and (2) ☐ I feel that my pet is jus	4				
	t a pet.				
Check One.	I care available for my pet; pleas	se recommend anything t	that you feel is neces	sarv for good i	nealth.
(2) I want good medical ca	are for my pet, but there is a limit	t to what I am able to hav	e done.	ruotá meldo:9	
(3) I want you to perform of	only the services that I request.				50
Check One.					
(1) I want to learn as much	h as I can about pet health care, summarize what has been done	please explain in detail v	what has been done fo	or my pet or wi	nat is needed.
(3) U I want my pet healthy,	but don't need to know what has	s been done.	ro la special or		
Check One.			I GIVE DAV	IS BLVD A	NIMAL CLINI
(1) D I prefer to be present w	when my pet is examined and trea	ated.			SE RECORDS
(2) U would rather not see i	my pet examined and treated.			D ARISES	
WOULD YOU LIKE US TO			S		
TO LENGTHEN YOUR PET	rs life? □ YES		int		
		(over)	int		

s are due upon release of patient. Please indicate your choice of payment. Cash				
Cash Check (Drivers License required) MC/VISA PET INFORMATION (Please fill in the following for each pet.) PET 1 PET 2 PET 3 ES Cat, Dog, Other CRIPTION OF BIRTH DED SVACCINATED (Dog) DVIRUS (Dog) P (Cat) S (Both) TWORM TEST CHECK (Worms) STRY IK TEST (Cat) IK VACCINE IK VACCI		CANTE ALTERNATION TO THE		
Cash Check (Drivers License required) MC/VISA PET INFORMATION (Please fill in the following for each pet.) PET 1 PET 2 PET 3 ES Cat, Dog, Other CRIPTION OF BIRTH DED SVACCINATED (Dog) DVIRUS (Dog) P (Cat) S (Both) TWORM TEST CHECK (Worms) STRY IK TEST (Cat) IK VACCINE ICOBAN? EARTWORM PREV.?		N Diagon in diagton and a		
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ES Cat,Dog,Other ORIPTION OF BIRTH DED SVACCINATED (Dog) OVIRUS (Dog) P (Cat) S (Both) TWORM TEST L CHECK (Worms) STRY UK TEST (Cat) UK VACCINE IOBAN? EARTWORM PREV.? Pe any of the following a concern to you in your's pet behavior? Please Check.	PET INFORM	MATION (Please fill in the	following for each pet.)	
ES Cat,Dog,Other D RIPTION OF BIRTH RED SVACCINATED (Dog) DVIRUS (Dog) P (Cat) S (Both) TWORM TEST L CHECK (Worms) STRY IK TEST (Cat) IK VACCINE IOBAN? EARTWORM PREV.? Please Check.		PET 1	PET 2	PET 3
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RIPTION OF BIRTH RED SVACCINATED (Dog) OVIRUS (Dog) P (Cat) S (Both) TWORM TEST L CHECK (Worms) STRY OK TEST (Cat) OK VACCINE OBAN? EARTWORM PREV.? Pease Check.	SPECIES Cat, Dog, Other			
OF BIRTH AED S VACCINATED (Dog) DVIRUS (Dog) P (Cat) S (Both) TWORM TEST CHECK (Worms) STRY K TEST (Cat) K VACCINE GOBAN? EARTWORM PREV.? Please Check.	BREED			
SVACCINATED (Dog) DVIRUS (Dog) P (Cat) S (Both) TWORM TEST CHECK (Worms) STRY IK TEST (Cat) IK VACCINE IOBAN? EARTWORM PREV.? Please Check.	DESCRIPTION	arturally to care for your pet.	god en om Olamak fived	saw you for giving Daws
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DVIRUS (Dog) P (Cat) IS (Both) TWORM TEST L CHECK (Worms) STRY JIK TEST (Cat) JIK VACCINE JIK VACCINE JIK VACCINE JIK TEST (Cat) JIK VACCINE JIK TEST (Cat) JIK VACCINE JIK TEST (Cat) JIK VACCINE JI	DATES VACCINATED			
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S (Both) TWORM TEST CHECK (Worms) STRY JK TEST (Cat) JK VACCINE ROBAN? EARTWORM PREV.? The any of the following a concern to you in your's pet behavior? Please Check.	PARVOVIRUS (Dog)			L. MAROUHO
TWORM TEST CHECK (Worms) STRY JK TEST (Cat) JK VACCINE GOBAN? EARTWORM PREV.? The any of the following a concern to you in your's pet behavior? Please Check.	FVRCP (Cat)		22222	
CHECK (Worms) STRY JK TEST (Cat) JK VACCINE JOBAN? EARTWORM PREV.? The any of the following a concern to you in your's pet behavior? Please Check.	RABIES (Both)			55300
STRY JK TEST (Cat) JK VACCINE GOBAN? EARTWORM PREV.? The any of the following a concern to you in your's pet behavior? Please Check.	HEARTWORM TEST	Lagranian -	sunu a varios	Distriction of the desired
JK TEST (Cat) JK VACCINE JOBAN? EARTWORM PREV.? The any of the following a concern to you in your's pet behavior? Please Check.	ECAL CHECK (Worms)		AF SIGN LIFE PLANTAGE	
TOBAN? EARTWORM PREV.? The any of the following a concern to you in your's pet behavior? Please Check.	DENTISTRY		Landa de la Tra	ACE OF EMPLOYME
TOBAN? EARTWORM PREV.? The any of the following a concern to you in your's pet behavior? Please Check.	ELEUK TEST (Cat)		TERMONTHUR	ISPANICA IN SECURIO
re any of the following a concern to you in your's pet behavior? Please Check.	FELEUK VACCINE	\$100 HIGGS		
re any of the following a concern to you in your's pet behavior? Please Check.	ON PROBAN?	UN ILL WAY EL	MANUAL LA DOT JUACOS	NEUESSARY, MAYS
re any of the following a concern to you in your's pet behavior? Please Check.	ON HEARTWORM PREV.?	-EJA)	ANASE OF OUR NOSE	MODBA HOY DID WO
re any of the following a concern to you in your's pet behavior? Please Check.	DIET?	ASHTO C NO	CUANTRICAN LI	BATWOLLS I
re any of the following a concern to you in your's pet behavior? Please Check.	39440	3 MAG (See C. 1947) S. S. S. S. S.		
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				enG sper
Excessive Darking Continued Continue	Are any of the following a concern			
☐ Problem Around Children ☐ Excessive Itching/Scratching ☐ Wetting/Spraying In House		erly Enthusiastic		
			et's manners? Yes	□ No □
□ Overly Rambunctious/Overly Enthusiastic	Is your pet currently on a special	diet or medication?	DESCRIPTION STREET, NO.	lading and man
☐ Overly Rambunctious/Overly Enthusiastic	What health care or grooming pro	ducts are you currently us	sing?	
□ Overly Rambunctious/Overly Enthusiastic /ould you be interested in learning how to improve your pet's manners? Yes □ No □	What health care of grooming bro			

Davis Blvd. Animal Clinic 6001 Davis Blvd. North Richland Hills, Texas 76180 (817) 485-2450

Davis Blvd. Animal Clinic Financial Policy

Thank you for choosing us as your veterinary pet care provider. We are committed to the treatment and health education of your pet. Please understand that payment of your bill is to be considered part of the treatment. The following is a statement of our financial policy which we require you to read and sign prior to any treatment.

Full payment is due at time of services. We accept cash, checks, Visa, MasterCard, and Discover.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read the financial policy. I understand and agree to this financial policy.

X	Date	
Signature of the responsible party		