

# Capitol Hill Animal Clinic Client and Patient Information Form

Welcome to the Capitol Hill Animal Clinic. Please complete this information form sheet to help us with our records for you and your pet(s).

**Owner** Name: \_\_\_\_\_ **Co-Owner** Name: \_\_\_\_\_

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

**City/State:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cellular Phone:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Were you referred by someone that we can thank? \_\_\_\_\_

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**All information is considered confidential and will not be used for any other purposes other than Capitol Hill Animal clinic records, direct client communication or health reminders for your pets needs.**

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## 1) Pet Information

Name: \_\_\_\_\_ Canine: \_\_\_\_\_ Feline: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

Color: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Special Marking(s): \_\_\_\_\_

**Prior or Ongoing Medical History:** Please list any medical problems that you know of, list any allergies or reactions to medications, list any reactions to vaccines or problems with vaccines in the past, list current medication and dosages if available (include Heartworm Preventative or other Flea and/or Tick products).

**1) Pet Information:** \_\_\_\_\_

\_\_\_\_\_

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**Please continue on the reverse side.**

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