

ROYAL OAKS VETERINARY HOSPITAL, LLC

K. Dwyer, DVM

2105 Hartwood Marsh Rd, Suite 1 and 2

Clermont, Florida 34711

(352) 243-8043

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your concerns and your pet's needs by taking a few moments to complete this information sheet.

SECTION A (CLIENT INFORMATION)

Owner's Name: _____ Spouse/Other: _____

Driver's License Number: _____

SSN: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone#: _____

Email: _____ Employer's Name & Phone: _____

Spouse's/ Other's Employer's Name & Phone: _____

In Case of EMERGENCY, Call _____ at _____

Professional fees are due at time services are rendered.

Preferred Method of Payment: Cash Check Credit Card

How did you hear of our hospital?

- Individual/ Someone we may thank? _____
- Yellow pages, other directory? _____
- Hospital Sign? _____
- Other? _____

How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services?

Phone Mail Both Phone & Mail Email

***DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination will be updated at the time of your appointment if it is not current.**

Signature _____ Date _____

SECTION B (PATIENT MEDICAL HISTORY)

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3	Pet #4
Pet's Name				
Species (Dog, Cat)				
Breed and Description (Color/ Markings)				
Age or Date of Birth (Approximate)				
Sex (M/F)				
Spayed or Neutered?				

*You must furnish a copy of your pet's most recent vaccination history to us prior to check-in. This will help us to ensure that your pet stays current on all recommended preventative care.

We greatly appreciate being allowed to be a part of your pet's health care.