

Welcome to All Pets Animal Hospital!

4000 Jacksboro Hwy, Wichita Falls, TX 76306 (940) 322-7387



Owner Information

First Name: _____ Spouse's Name: _____ Last Name: _____

Date of Birth: _____ Driver's License State and Number: _____ Social Security Number: _____

Full Address (& zip code): _____ Telephone Number: _____

Cell Phone Number: _____ Spouse's Cell Phone Number: _____

Email address: _____ Spouse's Email: _____

Employer's Name: _____ Telephone: _____

Spouse's Employer Name: _____ Telephone: _____

How did you hear about our clinic? If you received a personal recommendation by a friend please include their name:



Animal Information

Name: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Spayed or Neutered? _____

Please provide dates for the following procedures:

Annual preventive vaccinations (DHPPC, FVRCP, & Feleuk): _____

Rabies vaccination: _____ Bordetella (Kennel Cough) Vaccination: _____

Heartworm Test: _____ Heartworm Preventive Administered: _____

Please list any chronic conditions your pet has: _____

Please list your pet's current medications: _____

The reason for your visit today: _____

If your animal is sick, please list any symptoms and their duration: _____



Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described animal. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for hospitalization.

Signature of Responsible Party: _____ Date: _____