

# CAROLINA FOREST ANIMAL CLINIC

Melvin Howard, DVM  
Deidra Shuck-Lee, DVM

Date \_\_\_\_\_

We welcome you to our practice as a new client. Carolina Forest Animal Clinic and its staff are dedicated to providing you and your pet excellent service and veterinary care. Please take a few minutes and complete the following information so that we may communicate with you accurately and effectively. Please feel free to contact us anytime you have suggestions on how Carolina Forest can better serve you.

**ALL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED OR UPON DISCHARGE OF THE PET. A DEPOSIT PAYMENT MAY BE REQUIRED.**

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address (No P.O. Boxes) \_\_\_\_\_ Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

D. L. # \_\_\_\_\_ Issued State \_\_\_\_\_ D. L. # \_\_\_\_\_ Issued State \_\_\_\_\_

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

Branch of Service ( if applicable) \_\_\_\_\_ Branch of Service ( if applicable) \_\_\_\_\_

Rank \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_ Unit \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

In case of EMERGENCY, please call \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

**YOUR SERVICES TODAY WILL BE PAID BY: PLEASE CHECK THE APPROPRIATE BOX**

**CASH**

**CHARGE- WE ACCEPT VISA, MASTER CARD, DISCOVER, AMERICAN EXPRESS**

**CARE CREDIT**

Signature \_\_\_\_\_ How did you hear of our hospital \_\_\_\_\_

Individual we may thank? \_\_\_\_\_

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ONLSOW ANIMAL HOSPITAL REQUIRES HOSPITALIZED AND BOARDED PETS TO BE CURRENT ON ALL ACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

# CAROLINA ANIMAL CLINIC

Melvin Howard, DVM  
Stacy Fuchs, DVM

**Thank you for giving us this opportunity to care for our pet. Please help us meet your needs better by taking a moment to complete this information sheet.**

## Pet No. 1

Name : \_\_\_\_\_

Species: Dog    Cat    Other

Age or Date of Birth: \_\_\_\_\_

Sex:        Male        Female

Neutered/Spayed?: Yes    No

Microchip? :    Yes    No

Microchip #: \_\_\_\_\_

Breed: \_\_\_\_\_ Color \_\_\_\_\_

Current medications, if any?: \_\_\_\_\_

\_\_\_\_\_

Any current problems?: \_\_\_\_\_

\_\_\_\_\_

Any long term problems?: \_\_\_\_\_

\_\_\_\_\_

Previous vaccinations, if so, where were they obtained?: \_\_\_\_\_

Is this dog/cat taking heartworm prevention?

Yes                      No

Product Name: \_\_\_\_\_

Is this dog/cat using flea/tick prevention?

Product Name: \_\_\_\_\_

## Pet No. 2

Name : \_\_\_\_\_

Species: Dog    Cat    Other

Age or Date of Birth: \_\_\_\_\_

Sex:        Male        Female

Neutered/Spayed?: Yes    No

Microchip? :    Yes    No

Microchip #: \_\_\_\_\_

Breed: \_\_\_\_\_ Color \_\_\_\_\_

Current medications, if any?: \_\_\_\_\_

\_\_\_\_\_

Any current problems?: \_\_\_\_\_

\_\_\_\_\_

Any long term problems?: \_\_\_\_\_

\_\_\_\_\_

Previous vaccinations, if so, where were they obtained?: \_\_\_\_\_

Is this dog/cat taking heartworm prevention?

Yes                      No

Product Name: \_\_\_\_\_

Is this dog/cat using flea/tick prevention?

Product Name: \_\_\_\_\_