



**Animal Hospital
of North Myrtle Beach, P.A.**
2501 Highway 17 South
North Myrtle Beach, SC 29582
(843) 272-8121

PATIENT-CLIENT INFORMATION SHEET

Date: _____

Mr./Mrs./Dr./Ms. _____ Spouse's Name _____
Last First First

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

Home Ph: _____ Cell Ph: _____ Work Ph: _____

E-Mail: _____

Place of Employment: _____ Address: _____

Spouse's Employment: _____ Address: _____

How did you become aware of our clinic?
Clinic Sign Facebook Website/Internet Yellow Pages

Personal Recommendation Name: _____

Other _____

FEE DUE UPON RELEASE OF PATIENT. PLEASE INDICATE YOUR CHOICE OF PAYMENT METHOD:

Cash Check (Local only) MC/Visa/Discover Care Credit

PATIENT INFORMATION:

Name: _____ Birthdate/Age: _____

Breed _____ Color _____ Sex _____ Spayed/Neutered _____

MEDICAL HISTORY:

Canine:	Yes	No	Date	Feline:	Yes	No	Date
Distemper	<input type="checkbox"/>	<input type="checkbox"/>	_____	Distemper (Panleukopenia)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rhinotracheitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parainfluenza	<input type="checkbox"/>	<input type="checkbox"/>	_____	Calici	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parvo	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	_____	Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bordetella	<input type="checkbox"/>	<input type="checkbox"/>	_____	FIV	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canine Influenza	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fecal Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lyme	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Heartworm Check	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Fecal Check	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Are any of the following a concern to you with your pet?

- Excessive Barking Biting Shedding Trouble moving/walking
- Smell Straying from home Housebreaking/Elimination problems
- Itching Problems around children Wetting/Spraying in house Bad breath

Is your pet currently on a special diet? _____

Is your pet currently on a medication? _____

List any previous problems that we should know about: _____

List any drug or vaccine allergies: _____

What is your pet's present medical problem or problems? _____