

**WOLFTEVER PET HOSPITAL**  
**6225 Highway 58, Harrison, TN 37341**  
**PHONE: (423) 344-1913 FAX: (423) 344-7071**

Jimmy Stanford, DVM; Darlene White, DVM; Aaron Robertson, DVM; Sarah Winn, DVM

*Thank you for giving us the opportunity to care for your pet (s).  
 So that we may become better acquainted, please complete the following information:*

CLIENT NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**We accept cash, checks and all major credit cards.**

**If this account is placed for collection, I agree to pay all cost of collections, including attorney's fees.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

	Pet #1	Pet #2	Pet #3	Pet #4
<b>PATIENT NAME:</b>	_____	_____	_____	_____
Breed	_____	_____	_____	_____
Specify (DOG OR CAT)	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Color	_____	_____	_____	_____
Sex	_____	_____	_____	_____
Spayed or Neutered?	_____	_____	_____	_____

**Please check the following vaccinations / tests your pet has had in the last year.**

**Name of veterinarian or clinic:** \_\_\_\_\_

	Pet #1	Pet #2	Pet #3	Pet #4
Rabies	_____	_____	_____	_____
DHLP/Parvo/Corona	_____	_____	_____	_____
Bordetella/Kennel Cough	_____	_____	_____	_____
Heartworm Test/Prevention	_____	_____	_____	_____
Dist-Rhino Chlamydia (cat)	_____	_____	_____	_____
Leukemia Test (cat)	_____	_____	_____	_____

Any previous serious illnesses; surgeries; allergies to vaccinations or medications; or any special diets or medications?