

Airport Animal Hospital
300 Storke Road, Goleta, CA 93117
805 968-4300

PATIENT INFORMATION

Owner's Name(s) _____

Client ID # _____
(office use only)

Pet's Name _____

Species: (please circle) Dog Cat Rat Rabbit Guinea Pig Hamster

Breed _____ Color _____ Birth date _____

Sex: _____ Spayed or Neutered: YES NO

Vaccination History: (date, type, where vaccinations were obtained)

Is this pet covered by Health Insurance? Yes No Which Company? _____

Are there previous records for your pet that we should obtain? _____

If so, from what doctor or hospital? _____

Do you authorize us to call for records? Yes No

Are there other pets in the household? Dogs ____ Cats ____ Other _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Has your pet ever had difficulty with anesthesia or tranquilizing drugs? Yes No

Please list any other information that may assist the veterinarian in evaluation of your pet's health condition: _____

I authorize and direct the veterinarians at Airport Animal Hospital (and their designated assistants) to administer authorized treatment as needed on the basis of findings during the course of evaluation: to diagnose, prescribe, sedate, anesthetize, perform therapeutic procedures and/or surgery as their judgment may dictate to be advisable for this patient's well being. I understand that I will be advised as to the nature of the procedure and the risks involved. I understand that no warranty or guarantee will be made as to the results or cure.

Signature _____ Date _____

Owner / Authorized Agent