

**MISSION VIEJO VETERINARY HOSPITAL**  
**PATIENT INFORMATION SHEET**  
**Welcome to our practice!**

Owner's Name \_\_\_\_\_ Date of Appointment \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Spouse/Co-Owner/Roommate's Name \_\_\_\_\_

Their work/cell Phone \_\_\_\_\_

**Essential Pet Information**

Pet's Name \_\_\_\_\_

Date of birth/approx. age \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Ferret \_\_\_\_\_ Other \_\_\_\_\_

Breed of pet \_\_\_\_\_ Color \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed or neutered? Y or N \_\_\_\_\_

Approx. date or year of last vaccination \_\_\_\_\_

History of health problems/previous veterinarian \_\_\_\_\_

What percentage of the day does your pet spend outdoors? \_\_\_\_\_

**Other pets in the family**

Species \_\_\_\_\_

Name \_\_\_\_\_

Breed \_\_\_\_\_

Last Vaccination \_\_\_\_\_

Cat/Dog/Other \_\_\_\_\_

Cat/Dog/Other \_\_\_\_\_

Cat/Dog/Other \_\_\_\_\_

If your pet(s) travel or have traveled out of the area, when and where?  
\_\_\_\_\_

Who may we thank for referring you? Please circle one:

Phone Book

Location

Dumb Friend's League

Pet City

Other Shelter \_\_\_\_\_

Friend (name) \_\_\_\_\_

Other \_\_\_\_\_

**All professional fees are due at the time services are rendered.**  
**THANK YOU!**