

Inver Grove Heights Animal Hospital

7131 Cahill Ave
Inver Grove Heights, MN 55076
651-451-4404

Client Information

Name: _____
Last First Spouse

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse's Work: _____ Spouse's Cell: _____

E-Mail Address: _____

How did you learn of our practice? (Check all that apply)

- Outdoor Sign Yellow Pages Website Referral from _____
 Have brought pets here previously _____

Payment: *All fees are due at time of services rendered. We gladly prepare written estimates. Please ask.*
Check form of payment you will be using today.

- Cash Check Visa/Mastercard American Express Discover

Signature of client responsible for pet(s) Date

Pet Information

Name: _____ Breed: _____ Color: _____

Age: _____ Birthdate: _____ Sex: _____ Spayed or Neutered? Yes No

Previous veterinary clinic(s) where past records could be obtained if needed? _____

Canine History (List date of last)

Rabies Vaccine _____
Distemper Combo Vaccine _____
Bordetella Vaccine _____
Lyme Vaccine _____
other vaccine _____
Heartworm Test _____

Feline History (List date of last)

Rabies Vaccine _____
Distemper Combo Vaccine _____
Feline Leukemia Vaccine _____
Feline Leukemia Test _____
FIV Test _____

List medical conditions & medications _____