



Healing pets. Helping people.

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Client/Patient Information Sheet

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

Pet or Pet's Name: _____ Identifying marks/colors: _____

Owner 1: Mr. Mrs.

Ms. Dr. _____
last first M. initial

Owner 2 Mr. Mrs.

Ms. Dr. _____
last first M. initial

Address: _____
Street City State Zip

e-mail address: _____ (in-house use only)

Owner # 1 Phone: Home: _____ Work: _____ Mobile: _____

Owner #2 Phone: Home: _____ Work: _____ Mobile: _____

Place of employment (Owner1): _____
Employer City State

Place of employment (Owner2): _____
Employer City State

What is the best place and time to reach you? _____

Preferred method of contact? E-mail Cell Phone Home Phone Work Phone

How would you like to be contacted for appointment reminders or upcoming services your pet will be due for?

Email Voice Text

How did you become aware of our hospital? Yellow pages _____ YP online _____ Our Website _____ Hospital Sign _____ Care Credit _____ Personal Recommendation _____ Great Plains SPCA _____ Facebook _____

If personal recommendation, whom may we thank: _____

Have you been to a veterinary clinic or hospital before? _____

What was your reason for leaving that practice?

Are there any special issues or instructions you would like us to be aware of as we care for your pet?

We will provide you with a written estimate of fees in advance, if in-hospital treatment, surgery or hospitalization is needed. Except for life-threatening emergencies, all procedures and surgeries will require a 50% deposit prior to treatment. **Please be aware that all fees are due prior to the release of your pet.**

Please provide information for each of the pets you bring to our clinic/hospital:

	Pet 1	Pet 2	Pet 3	Pet 3	Pet 4
Pet's Name					
Species (Dog, Cat, etc.)					
Breed					
Color or description					
Birth date (approx.)					
Sex					
Neuter/Spayed ?					
DA2P/Parvo vac (last given)					
Bordetella vac (last given)					
FVRCP vac (last given)					
Leukemia vac (last given)					
Rabies vac (last given)					
Heartworm test					
Fecal check (worms)					
Feleuk test (cat)					
Any dental problems?					
Allergies? (including drug)					
Current medications and/or special diet					
Behavioral problems?					

What health care and / or grooming products are you currently using? _____

Thank you for helping us provide the best health care for your pets!