

VISTA VETERINARY HOSPITAL

Dr. William Keatts – Dr. Robert Privette – Dr. Kathy Batdorf – Dr. Matthew Stidham

Thank you for choosing Vista Veterinary. In order to have complete records and so we are able to contact you in an emergency, please complete the following:

Personal Information:

Name _____
Last First Middle Initial

Spouse _____
Last First Middle Initial

Residence _____
Street City State Zip

Mailing Address _____
Street City State Zip

Residence Phone _____ Cell Phone _____

Employer's Name _____ E- Mail _____

Occupation _____ Work Phone _____

Spouse's Employer's Name _____

Occupation _____ Work Phone _____

Pet Information:

Animal Name _____ Date of Birth: _____

Canine Feline Breed _____

Other species _____ Male Neutered Unneutered
Female Spayed Unspayed

Color _____ Microchip: Yes No _____ Microchip # _____

Diet _____ Treats _____ Food allergies _____
(Animal food and any table food)

Date of Last Vaccines: **Dog** : Distemper/Parvo _____ Bordetella _____ Rabies _____

(Kennel Cough)

Cat : Distemper _____ FELV _____ Rabies _____

(FVRCP)

(Feline Leukemia)

(Yearly Booster)

Specific problems that your pet may have that we should be aware of _____

Previous Veterinarian where past records could be obtained if necessary _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of services and that a deposit may be required for surgical treatment.

Method of Payments (due when services are provided): Cash Check Credit Card

Date _____ Signature of Owner or Responsible Party _____

How did you learn about us? Referral from _____ (we'd like to thank them)

Location Yellow Pages (which telephone book) Qwest Verizon Other _____