

COMPANION ANIMAL HOSPITAL OF PLANO

3308 Preston Road, Suite 330 Plano, TX 75093

Thank you for choosing our hospital for the care of your pet. Please take a few moments to fill out the following questionnaire so we can get to know you better and that we can begin a medical record on your pet(s). Feel free to ask us any questions and ask for a tour. Thanks again.

-DR. MARK W. ALLEN and STAFF

How did you find out about us? _____

Your Name _____	Your D.L. # _____
Home Address _____ Apt # _____	Your D.O.B. _____
City / State / Zip _____	(Above information is confidential and is for check writing and credit card purposes only)
Home Phone _____	
Work Phone _____ Ext. _____	
Work Name _____	
Other Phone(s) _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Pager <input type="checkbox"/> Voice Mail	
_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Pager <input type="checkbox"/> Voice Mail	

Spouse Name _____	CLIENT #
Work Phone _____ Ext. _____	
Work Name _____	
Other Phone(s) _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Pager <input type="checkbox"/> Voice Mail	
_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Pager <input type="checkbox"/> Voice Mail	

Pet #1 Name _____ # _____	Medical History <small>(give dates when last performed)</small>	
Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	<u>Dogs only</u>	<u>Cats only</u>
Breed _____	Rabies _____	Rabies _____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??	Distemper _____	FVRCP _____
Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??	Parvo _____	Leukemia _____
Color _____	Kennel Cough _____	FIP _____
Date of Birth / Age _____	Lymes _____	Fecal _____
Any known drug reactions or allergies?	Fecal _____	Leukemia Test _____
_____	Heartworm Check _____	FIV Test _____
_____	Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Pet #2 Name _____ # _____	Medical History <small>(give dates when last performed)</small>	
Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	<u>Dogs only</u>	<u>Cats only</u>
Breed _____	Rabies _____	Rabies _____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??	Distemper _____	FVRCP _____
Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??	Parvo _____	Leukemia _____
Color _____	Kennel Cough _____	FIP _____
Date of Birth / Age _____	Lymes _____	Fecal _____
Any known drug reactions or allergies?	Fecal _____	Leukemia Test _____
_____	Heartworm Check _____	FIV Test _____
_____	Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand that payment **in full** is due at the time services are rendered. Hospitalized animals may require a deposit.

Signature _____

COMPANION ANIMAL HOSPITAL OF PLANO

3308 Preston Road, Suite 330 Plano, TX 75093

CLIENT #

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Pet #3 Name</td> <td style="width: 5%; text-align: center;">#</td> </tr> <tr> <td>Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td>Breed _____</td> <td></td> </tr> <tr> <td>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??</td> <td></td> </tr> <tr> <td>Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??</td> <td></td> </tr> <tr> <td>Color _____</td> <td></td> </tr> <tr> <td>Date of Birth / Age _____</td> <td></td> </tr> <tr> <td colspan="2">Any known drug reactions or allergies?</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	Pet #3 Name	#	Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		Breed _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??		Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??		Color _____		Date of Birth / Age _____		Any known drug reactions or allergies?				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Medical History <i>(give dates when last performed)</i></td> </tr> <tr> <td style="width: 50%;"><u>Dogs only</u></td> <td style="width: 50%;"><u>Cats only</u></td> </tr> <tr> <td>Rabies _____</td> <td>Rabies _____</td> </tr> <tr> <td>Distemper _____</td> <td>FVRCP _____</td> </tr> <tr> <td>Parvo _____</td> <td>Leukemia _____</td> </tr> <tr> <td>Kennel Cough _____</td> <td>FIP _____</td> </tr> <tr> <td>Lymes _____</td> <td>Fecal _____</td> </tr> <tr> <td>Fecal _____</td> <td>Leukemia Test _____</td> </tr> <tr> <td>Heartworm Check _____</td> <td>FIV Test _____</td> </tr> <tr> <td colspan="2">Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Medical History <i>(give dates when last performed)</i>		<u>Dogs only</u>	<u>Cats only</u>	Rabies _____	Rabies _____	Distemper _____	FVRCP _____	Parvo _____	Leukemia _____	Kennel Cough _____	FIP _____	Lymes _____	Fecal _____	Fecal _____	Leukemia Test _____	Heartworm Check _____	FIV Test _____	Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet #3 Name	#																																						
Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other																																							
Breed _____																																							
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??																																							
Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??																																							
Color _____																																							
Date of Birth / Age _____																																							
Any known drug reactions or allergies?																																							
Medical History <i>(give dates when last performed)</i>																																							
<u>Dogs only</u>	<u>Cats only</u>																																						
Rabies _____	Rabies _____																																						
Distemper _____	FVRCP _____																																						
Parvo _____	Leukemia _____																																						
Kennel Cough _____	FIP _____																																						
Lymes _____	Fecal _____																																						
Fecal _____	Leukemia Test _____																																						
Heartworm Check _____	FIV Test _____																																						
Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Pet #4 Name</td> <td style="width: 5%; text-align: center;">#</td> </tr> <tr> <td>Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td>Breed _____</td> <td></td> </tr> <tr> <td>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??</td> <td></td> </tr> <tr> <td>Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??</td> <td></td> </tr> <tr> <td>Color _____</td> <td></td> </tr> <tr> <td>Date of Birth / Age _____</td> <td></td> </tr> <tr> <td colspan="2">Any known drug reactions or allergies?</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	Pet #4 Name	#	Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		Breed _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??		Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??		Color _____		Date of Birth / Age _____		Any known drug reactions or allergies?				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Medical History <i>(give dates when last performed)</i></td> </tr> <tr> <td style="width: 50%;"><u>Dogs only</u></td> <td style="width: 50%;"><u>Cats only</u></td> </tr> <tr> <td>Rabies _____</td> <td>Rabies _____</td> </tr> <tr> <td>Distemper _____</td> <td>FVRCP _____</td> </tr> <tr> <td>Parvo _____</td> <td>Leukemia _____</td> </tr> <tr> <td>Kennel Cough _____</td> <td>FIP _____</td> </tr> <tr> <td>Lymes _____</td> <td>Fecal _____</td> </tr> <tr> <td>Fecal _____</td> <td>Leukemia Test _____</td> </tr> <tr> <td>Heartworm Check _____</td> <td>FIV Test _____</td> </tr> <tr> <td colspan="2">Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Medical History <i>(give dates when last performed)</i>		<u>Dogs only</u>	<u>Cats only</u>	Rabies _____	Rabies _____	Distemper _____	FVRCP _____	Parvo _____	Leukemia _____	Kennel Cough _____	FIP _____	Lymes _____	Fecal _____	Fecal _____	Leukemia Test _____	Heartworm Check _____	FIV Test _____	Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet #4 Name	#																																						
Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other																																							
Breed _____																																							
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??																																							
Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??																																							
Color _____																																							
Date of Birth / Age _____																																							
Any known drug reactions or allergies?																																							
Medical History <i>(give dates when last performed)</i>																																							
<u>Dogs only</u>	<u>Cats only</u>																																						
Rabies _____	Rabies _____																																						
Distemper _____	FVRCP _____																																						
Parvo _____	Leukemia _____																																						
Kennel Cough _____	FIP _____																																						
Lymes _____	Fecal _____																																						
Fecal _____	Leukemia Test _____																																						
Heartworm Check _____	FIV Test _____																																						
Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Pet #5 Name</td> <td style="width: 5%; text-align: center;">#</td> </tr> <tr> <td>Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td>Breed _____</td> <td></td> </tr> <tr> <td>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??</td> <td></td> </tr> <tr> <td>Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??</td> <td></td> </tr> <tr> <td>Color _____</td> <td></td> </tr> <tr> <td>Date of Birth / Age _____</td> <td></td> </tr> <tr> <td colspan="2">Any known drug reactions or allergies?</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	Pet #5 Name	#	Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		Breed _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??		Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??		Color _____		Date of Birth / Age _____		Any known drug reactions or allergies?				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Medical History <i>(give dates when last performed)</i></td> </tr> <tr> <td style="width: 50%;"><u>Dogs only</u></td> <td style="width: 50%;"><u>Cats only</u></td> </tr> <tr> <td>Rabies _____</td> <td>Rabies _____</td> </tr> <tr> <td>Distemper _____</td> <td>FVRCP _____</td> </tr> <tr> <td>Parvo _____</td> <td>Leukemia _____</td> </tr> <tr> <td>Kennel Cough _____</td> <td>FIP _____</td> </tr> <tr> <td>Lymes _____</td> <td>Fecal _____</td> </tr> <tr> <td>Fecal _____</td> <td>Leukemia Test _____</td> </tr> <tr> <td>Heartworm Check _____</td> <td>FIV Test _____</td> </tr> <tr> <td colspan="2">Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Medical History <i>(give dates when last performed)</i>		<u>Dogs only</u>	<u>Cats only</u>	Rabies _____	Rabies _____	Distemper _____	FVRCP _____	Parvo _____	Leukemia _____	Kennel Cough _____	FIP _____	Lymes _____	Fecal _____	Fecal _____	Leukemia Test _____	Heartworm Check _____	FIV Test _____	Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet #5 Name	#																																						
Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other																																							
Breed _____																																							
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??																																							
Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??																																							
Color _____																																							
Date of Birth / Age _____																																							
Any known drug reactions or allergies?																																							
Medical History <i>(give dates when last performed)</i>																																							
<u>Dogs only</u>	<u>Cats only</u>																																						
Rabies _____	Rabies _____																																						
Distemper _____	FVRCP _____																																						
Parvo _____	Leukemia _____																																						
Kennel Cough _____	FIP _____																																						
Lymes _____	Fecal _____																																						
Fecal _____	Leukemia Test _____																																						
Heartworm Check _____	FIV Test _____																																						
Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Pet #6 Name</td> <td style="width: 5%; text-align: center;">#</td> </tr> <tr> <td>Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td>Breed _____</td> <td></td> </tr> <tr> <td>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??</td> <td></td> </tr> <tr> <td>Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??</td> <td></td> </tr> <tr> <td>Color _____</td> <td></td> </tr> <tr> <td>Date of Birth / Age _____</td> <td></td> </tr> <tr> <td colspan="2">Any known drug reactions or allergies?</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	Pet #6 Name	#	Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		Breed _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??		Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??		Color _____		Date of Birth / Age _____		Any known drug reactions or allergies?				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Medical History <i>(give dates when last performed)</i></td> </tr> <tr> <td style="width: 50%;"><u>Dogs only</u></td> <td style="width: 50%;"><u>Cats only</u></td> </tr> <tr> <td>Rabies _____</td> <td>Rabies _____</td> </tr> <tr> <td>Distemper _____</td> <td>FVRCP _____</td> </tr> <tr> <td>Parvo _____</td> <td>Leukemia _____</td> </tr> <tr> <td>Kennel Cough _____</td> <td>FIP _____</td> </tr> <tr> <td>Lymes _____</td> <td>Fecal _____</td> </tr> <tr> <td>Fecal _____</td> <td>Leukemia Test _____</td> </tr> <tr> <td>Heartworm Check _____</td> <td>FIV Test _____</td> </tr> <tr> <td colspan="2">Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Medical History <i>(give dates when last performed)</i>		<u>Dogs only</u>	<u>Cats only</u>	Rabies _____	Rabies _____	Distemper _____	FVRCP _____	Parvo _____	Leukemia _____	Kennel Cough _____	FIP _____	Lymes _____	Fecal _____	Fecal _____	Leukemia Test _____	Heartworm Check _____	FIV Test _____	Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet #6 Name	#																																						
Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other																																							
Breed _____																																							
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> ??																																							
Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ??																																							
Color _____																																							
Date of Birth / Age _____																																							
Any known drug reactions or allergies?																																							
Medical History <i>(give dates when last performed)</i>																																							
<u>Dogs only</u>	<u>Cats only</u>																																						
Rabies _____	Rabies _____																																						
Distemper _____	FVRCP _____																																						
Parvo _____	Leukemia _____																																						
Kennel Cough _____	FIP _____																																						
Lymes _____	Fecal _____																																						
Fecal _____	Leukemia Test _____																																						
Heartworm Check _____	FIV Test _____																																						
Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No																																							