

Paw Prints, Ltd. Veterinary Hospital  
8046 S. Memorial  
Tulsa, OK 74133  
918-250-0883

**Client Information**

Date\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Would you like to sign up for text or email reminders? Yes No

Referred by: \_\_\_\_\_

***Paw Prints, Ltd. does not do billing of any kind. Payment is due in full at the time services are rendered.***

Method of Payment:

Cash\_\_\_ Check\_\_\_ Credit Card\_\_\_ Care Credit\_\_\_

**Patient Information**

Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: Male Female

Color/Markings: \_\_\_\_\_

***Paw Prints, Ltd. Veterinary Hospital requires that all pets be current on all vaccines including corona virus and bordatella, parasite screens, and parasite free. We will be happy to perform any of these vital health screens for your pet upon arrival.***

**Medical History**

Pervious Veterinary Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last vaccinations: \_\_\_\_\_

Date of last heart-worm test: \_\_\_\_\_

Name of heart-worm prevention used: \_\_\_\_\_

Last dose given: \_\_\_\_\_

Date of last intestinal parasite screen: \_\_\_\_\_

Pervious surgeries: \_\_\_\_\_ Date: \_\_\_\_\_

Pervious illness(es): \_\_\_\_\_

Any known drug allergies? \_\_\_\_\_

Any known behavior issues? \_\_\_\_\_

Does your pet take daily medicine? \_\_\_\_\_

If yes, please all medication \_\_\_\_\_

Reason for today's visit \_\_\_\_\_