

# Fischer Animal Hospital

117 Birdie Hills Road  
St. Peters, MO 63376  
636-240-7646

Thank you for giving our clinic the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following (Please print):

Date: \_\_\_\_\_

Mr. Mrs. Ms. Owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Social Security Number or \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mr. Mrs. Ms. Co-Owner \_\_\_\_\_  
Social Security Number or \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pet's Name _____	Pet's Name _____
Dog _____ Cat _____ Breed _____	Dog _____ Cat _____ Breed _____
Sex _____ Spayed/Neutered _____	Sex _____ Spayed/Neutered _____
Color _____ Birthday _____	Color _____ Birthday _____
Medications _____	Medications _____
Type of Food _____	Type of Food _____
List previous vaccinations that your pets have received _____	

What prior illness, surgery, or drug allergies should we know about ? \_\_\_\_\_

Is your dog on heartworm preventative? If so, what kind? \_\_\_\_\_

List names and types of other animals that you own \_\_\_\_\_

Previous veterinarian(s) where past records could be obtained \_\_\_\_\_

How did you become aware of our hospital?

Personal recommendation (who may we thank?) \_\_\_\_\_

Hospital Sign \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_

Reason for this visit \_\_\_\_\_

Signature \_\_\_\_\_