



# PINE BELT VETERINARY HOSPITAL & KENNEL

7436 US Hwy 49 North  
Hattiesburg, MS 39402  
[www.pinebeltvet.com](http://www.pinebeltvet.com)  
(601) 268-2696

Today's Date

## CLIENT INFORMATION

Dr. Lowell Rogers  
Dr. Karen Rogers  
Dr. Sara Lott  
Dr. Jennifer Sellers

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_ SPOUSE'S EMPLOYMENT \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

I hereby authorize the veterinarians of Pine Belt Veterinary Hospital to examine, prescribe for, or treat my pet(s)/animal(s). I assume responsibility for all charges incurred in the care of my pet(s)/animal(s). I also understand that these charges will be paid **at the time of release** of said pet(s)/animal(s), and that a deposit may be required for medical/surgical treatment. **We are not able to bill or extend credit.** We do not accept American Express or Discover Cards.

Please indicate choice of payment: ☐ CASH/CHECK ☐ VISA ☐ MASTERCARD ☐ CARE CREDIT

SIGNATURE OF OWNER: \_\_\_\_\_

How did you choose our clinic? ☐ PHONE BOOK ☐ SIGN ☐ DRIVE BY ☐ INTERNET ☐ REFERRAL ☐ OTHER \_\_\_\_\_

PET INFORMATION	PET #1	PET #2	PET #3
NAME			
BREED			
D.O.B.			
COLOR			
GENDER	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
SPAYED OR NEUTERED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOG</b>	<b>PLEASE INDICATE LAST DATE PERFORMED</b>		
RABIES			
DA2PLPC			
BORDATELLA (KENNEL COUGH)			
FECAL/DEWORMING			
HEARTWORM TEST			
IS YOUR PET ON HEARTWORM/FLEA PREVENTION? WHICH PRODUCT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CAT</b>	<b>PLEASE INDICATE LAST DATE PERFORMED</b>		
RABIES			
FVRCP			
FELV			
FECAL/DEWORMING			
FeLV/FIV TEST			
IS YOUR PET ON HEARTWORM/FLEA PREVENTION? WHICH PRODUCT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccines or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Is your pet aggressive? \_\_\_\_\_ Our pet(s) is/are: ☐ FAMILY MEMBER ☐ CHILD'S PET ☐ BACKYARD PET ☐ WORKING PET

Thank you for giving us the opportunity to care for your pet!