



Pet Health Center
ANIMAL HOSPITAL

Pet Health Center
4045 North Saint Peters Parkway Ste 202
St. Peters MO 63304
Phone: 636.447.4555
Fax: 636.441.1223
pethealthctr@gmail.com
www.pethealthctr.com

Thank you for choosing Pet Health Center. Please take a moment to complete this form.

Owner Information:

Name: _____ Spouse's name: _____
Cell phone number: _____ Other phone number: _____
Can you receive text messages? YES/NO Email address: _____
Home address: _____
Who may we thank for referring you to our office? _____

Pet Information:

Pet's name: _____ DOG/CAT Age/Birthdate: _____
Years/Months Owned: _____ Breed: _____ Color: _____
Sex: Male/Female Intact/Not intact
Brand of food: _____ How often do you feed your pet? _____
How much do you feed your pet? _____
Current medications: _____
Current over the counter medications: _____
Are you using flea/tick control? (If yes, what brand?) _____
Are you using heartworm prevention? (What brand?) _____

Past History:

Has your pet had any prior illnesses, accidents, or surgeries? _____

Is your pet protective of you, aggressive towards other animals, or uncomfortable with restraint? _____
Does your pet have any known allergies to medications? _____

Has your pet ever had a vaccine reaction? (Vomiting, facial swelling, hives)

Is your pet food or toy motivated? _____
Which clinic may we contact for medical history? _____



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Office Policies

To allow for ample time for all patients and surgical procedures, Pet Health Center operates primarily by appointment. We request all our clients be on time for scheduled appointments and procedures. If you are 15 minutes late to your appointment, you may be asked to reschedule your appointment. We do take emergencies; however, these services may be subject to a higher fee schedule. For your convenience, we offer limited same-day appointments for urgent care sick patients. They fill up fast, so we recommend calling first thing in the morning.

For your protection, and that of others, pets should be properly restrained by a leash or carrier upon arrival. If your pet requires special accommodations, please give us a call when you arrive so we can assist you and your pet.

If you must cancel an appointment, we ask for 24-hours' notice. For surgical appointments, we ask for a 48-hour cancellation notice. You may be subject to a no-show fee or a deposit for any future appointments if you do not notify us of a cancellation.

We accept cash, debit, or all credit cards. We also offer CareCredit financing to help make the highest quality of care accessible to all our patients.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal.

Initials: _____

I understand that payment is ALWAYS DUE IN FULL at time of service. A deposit of 50% of the treatment plan may be required before treatments or hospitalization of your pet. I recognize that financial concerns should be discussed PRIOR to examination and treatment.

Initials: _____

Do we have permission to share your pet's image and story on our social media, website, and other forms of related media? YES/NO

I authorize my emergency contact (other than myself) to pursue treatments if I am unavailable. Your emergency contact must be an adult over the age of 18.

Initials: _____

Emergency contact: _____ Phone number: _____

Signature: _____ Date: _____