



# Information Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home / Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

**Note: All fees are due at the time services are rendered.**

How did you become aware of Basehor Vet Clinic? (Check all that apply)

Drove By \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

## Pet Information

Pet Name \_\_\_\_\_

Species Dog \_\_\_\_\_ Cat \_\_\_\_\_

Breed \_\_\_\_\_

Date of Birth (approximate age) \_\_\_\_\_

Color \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or Neutered Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Prior Veterinary Clinic \_\_\_\_\_

My Pet(s) \_\_\_\_\_

Previous serious illnesses/surgeries \_\_\_\_\_

Allergies \_\_\_\_\_

Special Diet or Medication \_\_\_\_\_

**Kelly Vader Lightfoot, DVM**

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[www.basehorvetclinic.com](http://www.basehorvetclinic.com)

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