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2096 South Thomas Road  
Tupelo, Mississippi 38801  
(662) 840-0210

**Tupelo Small Animal Hospital, P.A.**  
Small Animal Medicine, Surgery and Dentistry  
Boarding and Daycare

**CLIENT INFORMATION**

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Place: \_\_\_\_\_  
Emergency contact and phone number: \_\_\_\_\_

*We e-mail reminders and current promotions. Would you be interested in receiving these e-mails? Yes\_\_No*

How did you become aware of our hospital? \_\_\_newspaper \_\_\_yellowpages \_\_\_location \_\_\_referral?  
Whom may we thank? \_\_\_\_\_

**PATIENT INFORMATION**

Name: _____	Name: _____
Species:     dog        cat	Species:     dog        cat
Breed: _____	Breed: _____
Color: _____	Color: _____
Sex:    male   female   spay or neuter	Sex:    male   female   spay or neuter
Date of Birth: _____	Date of Birth: _____
Is your pet seeing another doctor? _____	Is your pet seeing another doctor? _____
Is your pet currently taking medications _____	Is your pet currently taking medications _____
If yes, please list _____	If yes, please list _____
Is your pet on heartworm prevention? _____	Is your pet on heartworm prevention? _____
If yes, what kind? _____	If yes, what kind? _____
Is your pet current on vaccinations: _____	Is your pet current on vaccinations: _____

Name: \_\_\_\_\_  
Species:      dog          cat  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sex:    male    female    spay or neuter  
Date of Birth: \_\_\_\_\_  
Is your pet seeing another doctor? \_\_\_\_\_  
Is your pet currently taking medications \_\_\_\_\_  
If yes, please list \_\_\_\_\_  
Is your pet on heartworm prevention? \_\_\_\_\_  
If yes, what kind? \_\_\_\_\_  
Is your pet current on vaccinations: \_\_\_\_\_

Name: \_\_\_\_\_  
Species:      dog          cat  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sex:    male    female    spay or neuter  
Date of Birth: \_\_\_\_\_  
Is your pet seeing another doctor? \_\_\_\_\_  
Is your pet currently taking medications \_\_\_\_\_  
If yes, please list \_\_\_\_\_  
Is your pet on heartworm prevention? \_\_\_\_\_  
If yes, what kind? \_\_\_\_\_  
Is your pet current on vaccinations: \_\_\_\_\_

**Our pet(s) is(are):**      \_\_\_Member of our family      \_\_\_Childs pet      \_\_\_Stays in our backyard

*All animals staying with Tupelo Small Animal Hospital, P.A. must have current vaccinations and be free of all parasites, or the animal(s) will be treated upon entry at the owners' expense. I hereby authorize Tupelo Small Animal Hospital P.A., its employees, agents, or representatives to receive, hospitalize, and care for the animal(s) listed above and any additional animals submitted for care as deemed necessary for the health, safety, or well-being of the animal(s). I agree to tender payment in full when services are rendered. In the event Tupelo Small Animal Hospital P.A. is required to pursue collection efforts to recover a debt for which I am responsible, I agree to pay for all reasonable costs of collection, including court costs and reasonable attorney's fees.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Feel free to contact us with questions or comments.**

Phone - (662) 840-0210  
E-mail - tsah1@comcast.net