



Full Service Veterinary Care Since 1945

596 Oakland Park Avenue
Columbus, Ohio 43214
Phone: (614) 267-3124
Fax: (614) 267-0049
E-mail: info@knappvet.com

CLIENT INFORMATION

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Home # _____ Email _____

Place of Employment _____ Work # _____

May we text you appointment reminders and other information? Yes | No

How did you become aware of our hospital? (Please circle)

Yellow Pages | Previous Client | Internet | Personal Recommendation | Other

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

PATIENT INFORMATION

Name: _____ Species: Canine | Feline | Other _____

Date of Birth or Estimated Age: _____ Color: _____

Sex: Male | Female | Not Sure Neutered? (Spayed/Castrated): Yes | No | Not Sure

Are your pets vaccines current?: Yes | No | Not Sure

Do you have your pet's medical records?

Yes: Please give the information to the receptionist to copy and add to your file

No: If there is another vet hospital we can contact for records, please provide their contact information. _____

Robert H. Knapp, M.S., D.V.M.

J. Curt Munsell, D.V.M.

Brenda S. Evans, D.V.M.

Lisa A. Craven, D.V.M.

Abbie D. Wade, D.V.M.