

New Client Information

Thank you for giving us the opportunity to care for pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

*Owner's Name: _____ Spouse/Other: _____

Driver's license: _____

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

*Cell phone #: _____ Work phone #: _____

*E-mail address: _____

At what time _____ and at what phone # _____ is it best to call about your pet?

In case of EMERGENCY, call _____ at phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered.

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

☐ Individual, Someone We May Thank? _____

☐ Social Media? If so, which? _____

☐ Yellow Pages, or another telephone directory?

☐ Hospital Sign?

☐ Another Hospital? If so, which? _____

☐ Other, please state: _____

*How would you like to be reminded of future recommended preventive health care services for your pet?

☐ Text ☐ E-mail ☐ Mail ☐ All

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. If I neglect to pick up my pet(s) within 7 days of the discharge date and do not notify you within that time period, you may assume my that pet(s) is(are) abandoned and are hereby relinquishing ownership of the pet(s).

*Signature _____ *Date _____

Animal Medical History

| Please complete info for all your pets | | Pet #1 | Pet #2 | Pet #3 |
|--|--|---|--------|-------------------|
| Pet's Name | | | | |
| Species (Dog, Cat, Bird, etc.) | | | | |
| Breed | | | | |
| Description (Color and Markings) | | | | |
| Age or Date of Birth (Approximate) | | | | |
| Sex | | M - F | M - F | M - F |
| Spayed (female) or Neutered (male)? | | Y - N | Y - N | Y - N |
| Diet (Name of Your Pet's Food) | | | | |
| Daily Medications, Vitamins or Treats | | | | |
| Flea/Tick Prevention Used | | | | |
| Heartworm Prevention Used | | | | |
| Vaccinations | | Please note the dates the following vaccines/tests were given | | |
| | | Pet #1 | Pet #2 | Pet #3 |
| DOGS | DA2 (Distemper/Parvo/Corona) | | | |
| | Lepto | | | |
| | Bordetella (Kennel Cough) | | | |
| | Canine Influenza | | | |
| | Other Vaccines - Please Specify | | | |
| | Rabies | | | |
| CATS | FVRCP (Infectious Diseases) | | | |
| | FELV (Feline Leukemia) | | | |
| | Rabies | | | |
| | Other Vaccines - Please Specify | | | |
| Heartworm Test (Dogs) | | | | |
| FELV Test or FIV Test? (Cats) | | | | |
| Fecal Test (Stool Exam for Worms) | | | | |
| Dentistry (Approx Date Work was Done) | | | | |
| Geriatric Health Screen (Approximate) | | | | |
| Medical History - Prior Illness/Surgery: | | | | |
| | | | | |
| NOTE: Ask us about our app and online pharmacy! | | | | <i>Thank You!</i> |