

Client # _____
Receptionist _____

Owner _____ Spouse/Other _____
(Last) (First)

Address _____ City _____ State ____ Zip _____ County _____

Phone () _____ Cell () _____ Email Address _____

Your Place of Employment _____ Title _____ Phone () _____

Spouse/Other's

Place of Employment _____ Title _____ Phone () _____

How did you become aware of our hospital? (Check one)

- Hospital Sign Internet Phone Book Pet Store/Hospital
 Did a Friend or Relative Recommend us? (Their Name) _____
(Their pet's name) _____

**FOR DOGS WE MAY USE PEANUT BUTTER AS A TREAT OR A DISTRACTION,
PLEASE LET US KNOW IMMEDIATELY IF ANYONE IN YOUR FAMILY HAS A PEANUT ALLERGY.**



Pet 1



Pet 2



Name _____ Birthdate _____

Name _____ Birthdate _____

Dog/Cat/Other _____ Male or Female? _____
Spayed or Neutered? _____

Dog/Cat/Other _____ Male or Female? _____
Spayed or Neutered? _____

Breed _____ Color _____

Breed _____ Color _____

Vaccination History (Date & type of last vaccines):

Vaccination History (Date & type of last vaccines):

Date of last intestinal parasite (stool) exam _____

Date of last intestinal parasite (stool) exam _____

Date of last heartworm blood test _____

Date of last heartworm blood test _____

Any special diets or medications?

Any special diets or medications?

Any serious illnesses or surgeries?

Any serious illnesses or surgeries?

Any allergic reactions to vaccines or medications?

Any allergic reactions to vaccines or medications?

Reason for today's visit _____

Reason for today's visit _____

Previous medical records may be obtained from _____

All fees are due upon completion of today's visit.

If you 65 years of age or older, please ask about our senior citizen discount on certain services.

We accept cash, checks,* CareCredit, Visa, MasterCard, Discover and American Express.

We cannot accept a business check unless your name is printed on the check.

Signature _____

Date _____