

DR
MS
MR.
NAME MRS. _____ SPOUSE _____ NAMES OF CHILDREN AT HOME _____

ADDRESS _____
STREET CITY STATE ZIP

EMPLOYER _____ SPOUSE'S EMPLOYER _____

HOME PHONE: () _____ WORK PHONE () _____ SPOUSE'S PHONE () _____

CELL PHONE/PAGER () _____ E-MAIL ADDRESS _____

BEST HOURS TO REACH YOU AT HOME? IF NECESSARY MAY WE CALL YOU AT WORK? _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

DRIVER'S LICENSE NUMBER _____ PERSONAL RECOMMENDATION - WHOM MAY WE THANK? _____

SO THAT WE ARE ABLE TO SUIT YOUR INDIVIDUAL NEEDS-WHICH DO YOU FEEL MOST APPLIES TO YOU:

Check One.

- (1) I feel that my pet is another member of our family.
- (2) I feel that my pet is just a pet.

Check One.

- (1) I want the best medical care available for my pet, please recommend anything that you feel is necessary for good health.
- (2) I want good medical care for my pet, but there is a limit to what I am able to have done.
- (3) I want you to perform only the services that I request.

Check One.

- (1) I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
- (2) I would prefer you just summarize what has been done for my pet or what is needed.
- (3) I want my pet healthy, but don't need to know what has been done.

Check One.

- (1) I prefer to be present when my pet is examined and treated.
- (2) I would rather not see my pet examined and treated.

WOULD YOU LIKE US TO KEEP YOU INFORMED ABOUT PROCEDURES TO LENGTHEN YOUR PETS LIFE? YES NO

NAME _____ SPECIES (Dog, Cat, Other) _____ BREED _____

COLOR _____ MALE or FEMALE _____ NEUTER/SPAY _____

DATE of BIRTH _____ PREVIOUS VETERINARIAN _____

VACCINATIONS: WHEN LAST GIVEN

DOG DHLPP _____ BORD. _____ RABIES _____ HEARTWORM CHECKED _____

CAT FVRCP _____ RABIES _____ FELV _____ FELV TEST _____

IS PET ON

HW PREV. _____ FLEA PREV. _____ SPECIAL DIET _____ OTHER MEDICATION _____

HOW OLD WAS YOUR PET WHEN YOU ACQUIRED IT? _____ PET ACQUIRED FROM _____

HOW MANY HOURS IS YOUR PET OUTSIDE EACH DAY? _____

WHAT PRIOR ILLNESS OR SURGERY SHOULD WE KNOW ABOUT? _____

WHAT HEALTH CARE OR GROOMING PRODUCTS ARE YOU CURRENTLY USING? _____ GROOMER _____

LIST ANY KNOWN DRUG ALLERGIES _____

ARE ANY OF THE FOLLOWING A CONCERN TO YOU IN YOUR PET'S BEHAVIOR? PLEASE CHECK

- Excessive Barking Biting Shedding Straying from Home House Breaking Smell
- Problem around children Excessive Itching/Scratching Wetting/Spraying in House Overly Rambunctious/Overly Enthusiastic

WOULD YOU BE INTERESTED IN LEARNING HOW TO IMPROVE YOUR PET'S MANNERS? YES NO

ALL FEES ARE DUE UPON RELEASE OF PATIENT. PLEASE INDICATE YOUR CHOICE OF PAYMENT

Cash Check (Drivers License Only) MC/VISA SIGNATURE _____