

# Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this completely. Thank You!

Date: \_\_\_\_\_

Owner \_\_\_\_\_ Spouse/Co-owner \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home No. \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Spouse's/Co-Owner's Cell \_\_\_\_\_ Work \_\_\_\_\_ E Mail \_\_\_\_\_

How did you learn of our hospital?  Direct mail  Internet  Drive by/ Sign  Recommendation

If recommended, by whom? \_\_\_\_\_

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (Specify) \_\_\_\_\_

## PET HEALTH HISTORY

Name of pet \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_

Male  Neutered  Female  Spayed

Has there been any history of vaccine reaction or side effects? \_\_\_\_\_

Are you considering day care, boarding/kennel, & or puppy school that will require Kennel Cough Vaccine? \_\_\_\_\_

Have you considered protecting your dog from Lyme disease? \_\_\_\_\_

Is your pet Micro-Chipped? \_\_\_\_\_, Chip# \_\_\_\_\_ if not, would you like it done? \_\_\_\_\_

Do you have, or are you considering pet insurance? \_\_\_\_\_ If so, what company? \_\_\_\_\_

Pet's current medication (if any) \_\_\_\_\_

Describe your pet's diet. \_\_\_\_\_

Please describe any symptoms or problems that you have noticed about your pet \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full of discharge and that a deposit may be required for surgical treatment.

Signature of Owner/ Responsible Person \_\_\_\_\_ Date \_\_\_\_\_