

# WELCOME

We are pleased to welcome you to *South Hyland Pet Hospital*. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

## CLIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last Name First Name Initial  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E Mail Address \_\_\_\_\_  
Spouse or co-owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
How did you learn about our practice?  Yellow Pages  Sign  Website  Referral  Other (please specify) \_\_\_\_\_  
If referral, whom may we thank for recommending us? \_\_\_\_\_  
Notify in case of emergency \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_  Dog  Cat  Avian  Other \_\_\_\_\_  
Age/Birth date \_\_\_\_\_ Sex  M  F Breed \_\_\_\_\_ Color \_\_\_\_\_  
Neutered/Spayed  Yes  No If yes, at what age? \_\_\_\_\_ (months / years)  
What was the age of your pet when he/she was obtained? \_\_\_\_\_  
For what purpose was this pet obtained?  Companionship  Protection  Breeding  Show  Other  
Diet: Brand Name \_\_\_\_\_  Dry  Moist How much per day? A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Pet's history- check all that pet has received and list date:

- DHP vaccination (Distemper Dog) \_\_\_\_\_  Lyme vaccination (Dog) \_\_\_\_\_  Feline leukemia test (Cat) \_\_\_\_\_  
 Parvovirus vaccination (Dog) \_\_\_\_\_  FVRCP vaccine (Infectious diseases - Cat) \_\_\_\_\_  Rabies vaccination (Dog/Cat) \_\_\_\_\_  
 Bordatella vaccination (Canine Cough-Dog) \_\_\_\_\_  Feline Leukemia vaccination (Cat) \_\_\_\_\_  Dentistry \_\_\_\_\_

Please describe any of the following:

- Prior Illness(s) \_\_\_\_\_  Prior Surgery \_\_\_\_\_

Reason for pet's visit today \_\_\_\_\_

- Allergy/reaction to medications or vaccine, If yes, please specify: \_\_\_\_\_  
 Current medication(s) \_\_\_\_\_

We will gladly prepare a written estimate of service fees if you desire (please ask the doctor or receptionist). All professional fees are due at the time services are rendered. We accept cash, check, major credit cards or Care Credit.

To prevent the spread of infection diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Would you like a tour of the clinic if time permits?  Yes  No

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_