

**Welcome!** Thank you for choosing Animal Care Hospital to care for your pet.  
We will strive to treat your pet as one of our own – with utmost care.  
Please fill out this form as completely as possible so that we can begin  
meeting your pet's needs. **Thank you.**



**Personal information:**

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

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Referred by:  sign  yellow pages  website  friend/relative \_\_\_\_\_

**Information about your pet:**

Name: \_\_\_\_\_ Birth date (or approximate age) \_\_\_\_\_

Dog Breed \_\_\_\_\_

Cat Breed \_\_\_\_\_

Other Breed \_\_\_\_\_

Male  Female  Neutered or Spayed

Description of pet (color/length of hair) \_\_\_\_\_

**Has your pet been vaccinated in the past year?**

No

Yes Where \_\_\_\_\_ When \_\_\_\_\_

**Dog:**  Rabies  DHLPP  Bordetella (Kennel Cough)  Heartworm Test  Fecal Check

**Cat:**  Rabies  FVRCP  FeLV  Fecal Check

Is your pet currently taking any medicine(s)?  No  Yes \_\_\_\_\_

Does your pet have any known allergies?  No  Yes \_\_\_\_\_

Does your pet have any medical problems?  No  Yes \_\_\_\_\_

**What is the reason for this visit?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Our goal at Animal Care Hospital is to provide top-notch medical care for pets at a reasonable cost.**

Being able to charge fair and reasonable fees for our services and products depends on clients paying their bills in full at the time of service. We are a small, family-owned and operated business.

**We appreciate your understanding our policy that payment is due at the time of service.**

If you have any questions regarding this policy, please speak to the receptionist *before* seeing the doctor.

**How will you be paying for your bill?**

Cash  Personal check  Credit Card  Money Order