Hillside ANIMAL HOSPITAL
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AAHA ACCREDITED
The Standard of Veterinary Excellence

New Client Information

Date_____ Appointment Date_____

Owner's Name_____ Primary Phone _____
(Mr., Miss, Ms., Dr.) Last First ☐ Cell ☐ Home

Co-Owner's Name_____ Phone_____
Last First ☐ Cell ☐ Home

Address_____
Street City State Zip

AZ Residence: ☐ Full Time ☐ Part Time, which state? _____ ☐ Just Visiting

E-mail address_____@_____ Allow Text Message ?

providing an email address will allow access to Pet Portal services, including our online store ☐ Yes ☐ No

In Case of Emergency, _____ may authorize treatment of my pet (s)

Phone_____ Relationship _____

Previous Veterinarian(s):_____ **Phone:**_____

May we contact your previous veterinarian(s) for your pet's records? ☐ Yes ☐ No

Request records for other pets in household also? ☐ Yes ☐ No

How did you learn of our practice?

☐ Individual- Whom may we thank for the referral? _____

☐ Hospital sign/Location ☐ Google ☐ Bing ☐ Yahoo ☐ Nextdoor ☐ Facebook ☐ Instagram

☐ Hillside's Website ☐ AAHA Accreditation

☐ Welcome Wagon

☐ Other - _____

I understand that payment is due at the time services that services are provided.

- We do NOT accept personal checks
- Only cash, major credit cards and Care Credit will be accepted.
- Treatment plans to be provided upon request.

Client Signature_____ Date _____

OFFICIAL USE ONLY _____/_____

Ferret Rabbit Dog Turtle Mouse Cat Lizard Rat

Pet Name_____

Breed_____

Color_____

Birthdate/Age_____

☐ Male ☐ Neutered

☐ Female ☐ Spayed

Microchip Number & Company:

_____

_____

Obtained pet from:

☐ Individual ☐ Shelter

☐ Pet Shop ☐ Stray

☐ Breeder ☐ Other:_____

Date Pet Obtained:

_____

Is your pet on Heartworm Prevention? ☐ Yes ☐ No ☐ Not Applicable

Have you ever had your pet's teeth cleaned? ☐ Yes ☐ No

Do you brush your pet's teeth? ☐ Yes ☐ No

Do you ever board/have your pet groomed? ☐ Yes ☐ No

Does your pet spend time outdoors? ☐ Yes ☐ No ☐ Supervised ☐ Unsupervised

Diet_____ Treats_____ Table Food_____

Current Medications_____

Pertinent History_____

Please check (√) any symptoms or problems that you have noticed your pet experiencing:

☐ Behavior Problems
☐ Bleeding Gums
☐ Bad Breath
☐ Coughing
☐ Diarrhea
☐ Eye bulging/bloodshot
☐ Gagging
☐ Lack of Appetite
☐ Limping
☐ Loss of Balance
☐ Scooting
☐ Scratching
☐ Seems Depressed
☐ Shaking Head
☐ Sneezing
☐ Thirst/Urination Increase
☐ Vomiting
☐ Weakness
☐ Weight Gain
☐ Weight Loss
☐ Other
_____
_____
_____

Other household pets? ☐ Yes, list below. ☐ None

Name	Sex	Species	Breed	Color	Birthdate/Age

Is there any additional information you would like us to know or specific topics you would like to discuss with the veterinarian?