

Welcome to Animal Hospital at Vista Lakes

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Dr. Mr. Mrs. Ms. Miss

Last Name _____ First Name _____

Spouse's Name _____

Address _____ Apt or Bldg # _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

Email _____ Spouse Work # _____

How did you learn of our hospital? (check all that apply)

☐ Internet ☐ Humane Society/Rescue Group (which one) _____

☐ Hospital Sign ☐ Location ☐ Other _____

☐ Personal Recommendation—whom may we thank? _____

If your pet has records at another veterinary hospital, may we request a transfer of these records?

☐ Yes ☐ No If yes, please give us the name of the hospital _____

Hospital Phone # _____

Do you have any children at home? If so, please tell us their names and ages.

Child's Name _____ Age _____

Child's Name _____ Age _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED PETS MUST BE CURRENT ON ALL VACCINES.

Professional fees are due at the time services are rendered. We will gladly prepare a written treatment plan for you. Please ask the doctor.

Please circle method of payment: CASH AMEX VISA/MC DISCOVER CARECREDIT

I authorize the attending doctor to treat, prescribe for, or operate upon my pet. I understand that all reasonable precautions will be taken against injury, escape, or death. I understand if this account is assigned to a collection agency, an additional fee of 40% of the amount owed will be added.

Owner's Signature _____ Date _____

Other Signature _____ Relation _____

PLEASE COMPLETE PET HISTORY ON BACK

FOR OFFICE USE

Date: _____

Client #: _____

Rcpt: _____

PET INFORMATION (please fill in the following for each pet)

	PET 1	PET 2	PET 3
NAME			
MICROCHIP NUMBER			
SPECIES – Cat or Dog			
BREED			
COLOR/MARKINGS			
DATE OF BIRTH			
GENDER			
SPAYED/NEUTERED			
LENGTH OF TIME OWNED			
HOURS SPENT OUTSIDE EACH DAY			
DIET (brand/type of food)			
DATES OF VACCINATIONS/TESTS			
DHLP (Distemper) (Dog)			
PARVOVIRUS (Dog)			
CORONA (Dog)			
BORDETELLA (Both)			
RABIES (Both)			
FVRCP (Cat)			
LEUKEMIA (Cat)			
LEUKEMIA TEST (Cat)			
FIV TEST (Cat)			
FECAL TEST (Worms)			
HEARTWORM TEST			
ON HEARTWORM PREVENTION?			
ON MONTHLY FLEA CONTROL			
PRIOR ILLNESS OR SURGERY			
WOULD YOU LIKE INFORMATION ON PET INSURANCE?			

Is there any special health care or behavior question we can help you with today? _____

Please help us keep our records up to date by letting us know when you make any changes.

Thank you for your help in completing our records. We look forward to a lifetime of taking care of your pets.