

Ashworth Road Animal Hospital

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a few moments to fill out this information form.

Owner's Name: _____

Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Employer's Name & Address: _____

Spouse/Other Employer Name & Address: _____

Emergency Contact: _____ Phone: _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____ Driver's License#: _____

Preferred method of Payment: ___ Cash ___ Check ___ Credit Card

Name of Previous/Current Veterinarian: _____

How did you hear of our Hospital?

- Individual, someone we may thank?
- Yellow Pages
- Hospital Sign
- Website
- Community Greetings (Welcome Wagon)
- Westridge Homework Folder

Would you like to receive timely reminders when your pet's vaccinations, examinations, etc. are due by postcard?

___ Yes ___ No

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon my pet(s) listed on the reverse side. Furthermore, I agree to pay fees for services rendered at the time my pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signature _____ Date _____

Would you like to be on our e-mail list? ___ Yes ___ No

Animal Medical History

Please complete information for all your pets	Pet #1	Pet #2	Pet #3
Pet's Name			
Canine or Feline			
Breed			
Color/Description			
Age or Date of Birth			
Sex			
Altered (spayed/neutered)			
Diet (Name of pet food)			
Vitamins or Treats			
Shampoo/Flea Products Used			
Indoor or Outdoor Pet			
VACCINATIONS	Please write down the dates that vaccines/test were done		
DHLPP (Distemper/Parvo – Dogs)			
Corona (Dogs)			
Bordetella (Kennel Cough – Dogs)			
Lyme (Dogs)			
Rabies (Dogs/Cats)			
FVRCP (Infectious diseases – Cats)			
FeLV (Feline Leukemia – Cats)			
FIV (Immunosuppressive Virus)			
Lepto (Dogs)			
Heartworm Test (dogs/Cats)			
Heartworm Prevention			
FeLV Test or FIV Test (Cats)			
Stool Check for Intestinal Parasites			
Dentistry (Last time – Date)			
Senior Wellness Blood Screen			
Junior Wellness Blood Screen			
Medical History – Prior Illness/Surgery:			