

Welcome to our practice



Abbott
Animal
Hospital

Client Information

Name _____ Employment _____
Spouse _____ Employment _____
Address _____
City _____ Zip Code _____ County _____
Home phone () _____ Work phone () _____ Cell phone () _____
E-mail address _____
Emergency Contact Name _____ Phone () _____
Total number of pets in household, indoors and outdoors _____

Pet Information

Pet's Name _____
Species: Dog Cat Indoor Outdoor
Breed _____ Date of Birth/Age _____
Color/Markings _____
Sex Male Female Sterilized

Where was your pet aquired? Friend, Humane Society/Rescue Organization, Stray, Breeder,
Pet Store, Other _____

Currently taking heartworm preventative? Yes No Name of preventative _____

Last vaccination date _____ Name of flea preventative _____

List chronic diseases, previous illnesses or surgeries, drug or vaccination reactions we should be aware of

List any medications, vitamins, supplements your pet is taking

Describe your pet's diet, including treats _____

How did you learn about our practice? _____

If by personal recommendation, whom may we thank? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all the charges incurred in the care of the animal. I also understand that ALL FEES ARE DUE WHEN SERVICES ARE RENDERED.

Signature of the client responsible for the pet _____ Date _____