

WELCOME TO OUR PRACTICE!



**Abbott
Animal
Hospital**

Client Information

Name _____ Employer _____

Spouse _____ Employer _____

Address _____ City/State/Zip _____

County _____ Email _____

Primary Phone_(____)_____-____ Secondary Phone_(____)_____-____

Emergency Contact other than Client _____ Phone_(____)_____-____

Total number of pets in household _____ Indoors ___Yes___No Outdoors ___Yes___No

Pet Information

Name _____ Dog___ Cat___ Birth Date___/___/___ Male___ Female___

Breed _____ Color/Markings _____ Spay/Neutered ___Yes___No

Where was your pet aquired? Friend___ Humane Society/Rescue___ Stray___ Breeder___ Pet Store___ Other___

Currently taking heartworm preventative? Yes___ No___ Name of Prevention _____

Currently using flea preventative? Yes___ No___ Name of Prevention _____

List medications, vitamins, supplements used currently _____

List foods and treats eaten currently by your pet _____

List chronic diseases _____

List prior illnesses or surgeries _____

List drug or vaccine reactions _____

Last Vaccination Date___/___/___

How did you learn about Abbott Animal Hospital?

___Google Search ___Drive By ___Coupon ___Gift Certificate ___Referral ___Care Credit

If by Referral, who may we thank? _____

Authorization

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

Responsible Client Signature

_____/_____/_____
Date