



### PET INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dog       Cat:     Indoor    Outdoor

Breed: \_\_\_\_\_

Colors: \_\_\_\_\_

Male:      Neutered?     Yes     No

Female:    Spayed?         Yes     No

When did you get your pet? \_\_\_\_\_

From whom? \_\_\_\_\_

Date of the most recent exam by a vet: \_\_\_\_\_

Where? \_\_\_\_\_

Previous vaccinations?       Yes     No

When? \_\_\_\_\_

What? \_\_\_\_\_

Recently on medication?     Yes     No

What? \_\_\_\_\_

Do you have other pets?     Yes     No

What? \_\_\_\_\_

### CLIENT SURVEY

In addition to our standard medical, dental, and surgical services, we offer acupuncture, homeopathy, Chinese herbal medicine, and flower essence treatments. Would you consider an alternative treatment for your pet if a veterinarian recommended it?

Yes     No

Have you done pet research at the library or on the internet?

Yes     No

Have you ever purchased medications for your pet online?

Yes     No

Where do you purchase most of your pet supplies?

What do you feed your pet?     Home-cooked food     Raw food     Canned food     Dry food     A combo

What brand(s)? \_\_\_\_\_

Are you giving any vitamins or supplements?

Yes     No

What? \_\_\_\_\_

Do you have pet insurance?

Yes     No

Please rank the following in order of importance (label 1-5)

\_\_\_ Exercise    \_\_\_ Diet    \_\_\_ Annual Exams    \_\_\_ Vaccinations    \_\_\_ Emotional Health

### PET MEDICAL HISTORY

Please check any issues that your pet has experienced:

- Aggression
- Appetite Loss
- Behavioral Changes
- Bleeding Gums
- Breathing Problems
- Congestion
- Constipation
- Coughing
- Depression
- Diarrhea
- Ear Problems
- Eye Problems
- Gagging
- Increased Thirst
- Increased Urination
- Lameness
- Loss of Balance
- Scooting
- Scratching
- Seizuring
- Separation Anxiety
- Sneezing
- Stiffness
- Vomiting
- Weakness
- Weight Loss

Has your pet had surgery?     Yes     No

Describe: \_\_\_\_\_

Dentistry?     Yes     No

Radiology?     Yes     No

Has your pet ever been referred to a specialist?

Yes     No

Has your pet ever suffered from any major illnesses?

Yes     No

Describe: \_\_\_\_\_

\_\_\_\_\_

**PET OWNER**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you like to receive reminders via e-mail?

Yes     No

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**SPOUSE or CO-OWNER**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Drive by \_\_\_\_\_

Vet Referral (Name): \_\_\_\_\_

Client Referral (Name): \_\_\_\_\_

Yellow Pages     Small Community Directory     Internet

Other: \_\_\_\_\_

\_\_\_\_\_

**PAYMENT**

How will you be paying today?

Cash     MC/Visa     Check (*Driver's License Required*)     Citi Health Card

**AUTHORIZATION**

I hereby authorize a veterinarian at Hawthorne Animal Health Care to examine, prescribe for, and treat my pet. I will pay for all services at the time they are rendered, and I am prepared to leave a deposit should my pet need to be admitted for care.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

\*please sign document in-person at your scheduled appointment