



Welcome

Thank you for choosing Academy East Veterinary Hospital.
To insure the best care possible, please take the time to completely fill in this form. Thank you!

CLIENT INFORMATION

Date _____

Owner's Name _____ Driver's License # _____

Address _____ Home Phone (____)____-_____

City _____ State _____ Zip _____

Cell Phone (____)____-_____ email address _____

Place of Employment _____ Work Phone (____)____-_____

Spouse's Name _____ Spouse Work Phone (____)____-_____

At what time _____ and at what phone number _____ is it best to call about your pet?

In case of emergency, please call (____)____-_____

How did you learn of our clinic? Yellow Pages Sign Ad Other - _____

Recommendation – Whom may we thank? _____

Reason for visit _____

PET INFORMATION

Pet's name _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Check the vaccinations/tests your pet has had in the last year:

DHLPP (distemper – dog) FVRCP (infectious diseases – cat) Fecal exam

Parvovirus (dog) FeLV (feline leukemia) Heartworm test

Bordetella (dog/cat) Corona (dog/cat) Feline Leukemia Test

Other _____

State law requires a current rabies vaccination, the date of my pet's last rabies vaccination was _____

Please check any symptoms or problems that you have noticed about your pet.

Appetite Loss Diarrhea Shaking Head

Behavior Changes Gagging Sneezing

Bleeding Gums Limping Thirst and/or Urination Increased

Breathing Problems Loss of Balance Vomiting

Coughing Scooting Weakness

Depression Scratching Other _____

Previous illnesses or surgeries _____

Pet's current medications and diet _____

Allergies to vaccinations or medications _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____

Method of payment Cash Check MasterCard VISA Other _____