

VALLEY VETERINARY HOSPITAL

NEW PATIENT GET ACQUAINTED FORM

Thank you for giving Valley Veterinary Hospital the opportunity to care for your pet. Please fill in the appropriate blank information as applicable. This will help ensure that your pet's medical record is accurate. (Please print)

Owner Information

Owner's Name: _____ Mailing Address _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____ Occupation: _____

Spouse/Partner Name _____ Work Phone #: _____ Occupation _____ Email _____

Please confirm or fill in your email address. If you prefer not to receive communication in this way, please write "none":

Email: _____ **How did you become aware of our hospital?**

Referred by (please print full name so that we may thank them!): _____

Yellow Pages _____ Location _____ Previous Pets _____ Other: _____

Pet Information

Pet Name: _____ Age: _____ Birth date: _____ Breed: _____ Color: _____ Sex: **M/F/Spayed/Neutered**

MICROCHIP I.D.? NO YES, I.D. # _____ LIFESTYLE: _____% INDOOR _____% OUTDOOR

NORMAL DIET (WET/DRY, SPECIFIC BRANDS) _____ DECLAWED (Cats): NO YES

Medical History

IF YOU HAVE ACCESS TO YOUR PET'S MEDICAL RECORDS, PLEASE BRING THEM WITH YOU TO YOUR VISIT

SIGNIFICANT MEDICAL HISTORY: _____

KNOWN ALLERGIES, DRUG OR FOOD INTOLERANCES: _____

OTHER ANIMALS AT HOME: NO YES, TYPE & NUMBER _____ ARE YOU CURRENTLY USING ANY FLEA/TICK PREVENTION? NO YES, TYPE _____

WHERE AND WHEN DID YOU ACQUIRE YOUR PET? _____

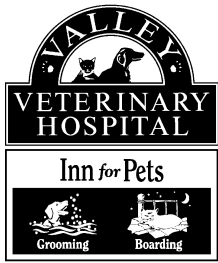
PREVIOUS DOCTOR OR HOSPITAL (with address/phone number): _____

IS YOUR PET CURRENT ON VACCINATIONS? YES NO

IS YOUR PET ON HEARTWORM PREVENTION? YES NO IF YES, YEAR ROUND SEASONAL

PAYMENT POLICY

Professional fees are to be paid at the time services are rendered. WE DO NOT BILL. It is our policy to provide written estimate of fees whenever hospitalization or emergency care is needed. A late charge is applied to all accounts unpaid after 30 days. Late charges are computed by a periodic rate of 1.5% per month, which is the annual percentage rate of 18.0%



Owner: <first-and-spouse> <last-name>

Pet Name: "<animal>"

Date: <appt-date>

Wellness Visit Pre-Exam Questionnaire

Please list all medications that your pet gets on a regular basis: _____

The following checklist includes the most commonly observed signs of medical problems in pets. Please check off any that apply, so that we can provide "<animal>" the best possible care during today's wellness visit.

- Increased or decreased appetite
 - Increased or decreased weight
 - Mouth odor, problems chewing
 - Any vomiting or diarrhea or change in frequency
 - Changes in water consumption
 - Changes in urine quantity or frequency
 - Problems with stool or urine control
 - Exercise intolerance, lethargy, heat seeking
 - Sleep problems, restlessness
 - Disorientation, pacing, abnormal vocalization, confusion
 - Limping or stiffness problems
 - Itching skin or coat problems
 - New or growing lumps or bumps
 - Eye discharge, vision problems
 - Ear problems or head shaking
 - Increased coughing or sneezing
 - Behavior concerns, aggression, house soiling
 - Other concerns: _____
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My pet appears healthy and has none of the problems listed above.

I am interested in receiving information about pet health insurance during my visit.