

**WELCOME TO
CROTON ANIMAL HOSPITAL**

Previous Client Label

Client/Patient Information

Tell us about you!

Your Name _____ Spouse/Partner's Name _____
Address _____
City _____ State _____ Zip/Postal Code _____
Home Phone _____ Work Phone _____
Cell Phone _____ Spouse work phone _____ Spouse cell _____
Which of the above numbers would you like listed as **primary** contact? _____
Drivers License Number _____ Email Address _____

Who else is to be given access to your pets medical records and the responsibility for making medical decisions?

Name _____ Relationship (spouse, co-owner, etc) _____
Name _____ Relationship (spouse, co-owner, etc) _____
Name _____ Relationship (spouse, co-owner, etc) _____

How did you hear about us?

- Phone Book/Yellow Pages
- Drive By/Sign
- Internet/Website
- Individual Who? _____
- Other _____

Tell us about your pet?

Pet's Name _____ Breed _____ Color _____
Species _____ Date of Birth _____
Please Circle: Male or Female? _____ Spayed/Neutered/Altered? Yes or No _____ Microchip/tattoo _____

What's your pet's history?

Description/Date

When and where did you get your pet? _____

Medical History

Has your pet had previous medical problems or been treated
for any major medical problems(s)? _____
Is your pet currently on any medication(s)? _____
Has your pet previously been on any medications? _____

Other pets in household

Others in house: _____
Are they in contact? _____
Any new pets? _____
Was there any boarding or other animal exposure? _____

Environmental Factors

Any recent household changes? If so, what kind? _____
Are there any smokers in the home? _____
Does your pet go outside? _____
Does your pet bathe regularly? _____
Is there any possibility of toxin exposure/ingestion? _____

Last Name, First Name _____

Pet's Name _____

Feeding

Type of food (including treats)

Water source: bowl or bottle

How often do you feed your pet?

When did your pet last eat (not the last time you offered food)?

Do you give vitamin supplements? If so, which?

Enclosure

Type of enclosure: glass/plastic/wood/metal/coated wire...)

Approximate size

Type of bedding/substrate

Location in house

Species Specific:

Birds/Reptiles

Has your pet ever laid eggs? If so, when?

Reptiles/Amphibians:

What is the cage temperature?

Do you use a thermometer to monitor?

Is there a UV light source?

Do you monitor humidity?

When did your pet last shed?

Has your pet ever been dewormed?

Any other important information we should know

I authorize this pet to be added to my account as an active patient. I am aware that full payment is required at the time services are provided. I understand that the hospital staff will provide an estimate of current and anticipated charges any time that I request one. By signing below, I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

Signature

Date