

**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 \_\_\_\_\_ Color \_\_\_\_\_  
Species \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Circle: Male or Female? Spayed/Neutered/Altered? Yes or No Microchip/tattoo \_\_\_\_\_

**What's your pet's history?**

	Description/Date
Does your pet have any allergies?	_____
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?	_____
Does your pet have any behavioral problems?	_____
When was your pet last vaccinated?	_____
When and where did you get your pet?	_____
Is your pet a service or working pet?	_____
Has your pet lived or traveled outside of your immediate area?	_____
Where does your pet spend the majority of its time (indoors or outdoors)?	_____
Has your pet been boarded in the last six months?	_____
Are there any other animals in the house?	_____
What does your pet eat?	_____
How often do you feed your pet?	_____

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