WELCOME TO
CROTON ANIMAL HOSPITAL

Previous Client Label

Client/Patient Information

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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_____ Drivers License # _____

Email Address_____ Spouse Email Address_____

Which of the above numbers would you like listed as **primary phone** contact?_____

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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) _____

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How did you hear about us?
- o   Phone Book/Yellow Pages
- o   Drive By/Sign
- o   Internet/Website
- o   Individual   Who?_____
- o   Other _____

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Tell us about your pet?

Pet's Name_____ Color_____

Species _____ Breed_____ Date of Birth_____

Please Circle: Male or Female?   Spayed/Neutered? Yes or No   Microchip/tattoo _____

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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?   _____

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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 treatment be provided for pets presented by me or my agents. I understand that I am finically responsible for all services provided.

I _____, hereby give permission to Croton Animal Hospital to display photographs and/or written text depicting me, my children and or my pet (s) in online, web based, or printed promotional materials, as well as in pictures displayed at Croton Animal Hospital
Accept____ Decline____

_____   _____
Signature   **Date**