

DOWNLOAD TO YOUR DEVICE OR COMPUTER BEFORE FILLING OUT THE FORM

For Office Use Only:

*****A pdf reader is required to fill out the form on your device or computer. The Adobe Fill & Sign app is free to download & use - available on iOS and Android.**

WELCOME TO CROTON ANIMAL HOSPITAL

Previous Client Label

Client/Exotic 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 _____ Drivers License # _____
Email Address _____ Spouse Email Address _____
Which of the above numbers would you like listed as **primary phone** contact? _____

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) _____

How did you hear about us?

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

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 _____

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 _____

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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.

Signature

Date

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