

**PLEASE DOWNLOAD TO YOUR DEVICE OR COMPUTER BEFORE FILLING OUT THE FORM. Return the completed form to: crononah@gmail.com.**  
**\*PDF READER REQUIRED. Adobe Fill & Sign app is free to download & use. Available on iOS and Android.**

For Office Use  
only:  
\_\_\_\_\_

**\*IF YOU ARE AN EXISTING CLIENT\* - CONFIRM ALL INFO ON LABEL IS**

**CURRENT. IF YES, SKIP "Tell us about you!" SECTION.**

**PLEASE DO NOT WRITE ON ATTACHED LABEL.**

# 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 \_\_\_\_\_ 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
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?	_____

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**