



NORTHWOODS ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. In order to ensure the best care possible, please take the time to fill in this form completely. Thank you!

Name: _____ Spouse Name: _____

Address: _____ City: _____

State/Zip Code _____ Email Address: _____

Occupation: _____ Spouse Occupation: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Spouse Work Phone: () _____

Emergency Contact Name: _____ Phone: () _____

How did you learn of our clinic? _____

Primary reason for visit: _____

Pet Information

Pet Name: _____ Species (Dog, Cat, other): _____

Sex: Male Female Neutered/Spayed? Yes No

Age: _____ Birthdate: _____ Breed: _____

Color: _____

Which pet food brand is currently being fed to your pet?: _____

Vaccination History (Please all that pet has received and include last date given):

Distemper _____ Feline Leukemia Test _____ Feline Leukemia _____ Lyme Vac _____
 Rabies _____ Heartworm Test _____ Stool Check _____ Other _____

Please check () any symptoms or problems that you have noticed about your pet

Behavior problems or changes Eye Disorders Scratching Vomiting
 Loss of appetite Gums Bleeding Shaking Head Bad Breath
 Breathing Problems Limping Sneezing Other
 Coughing Loss of balance Increase in drinking
 Diarrhea Scooting Increased urination

List you pet's current medication(s): _____

Please list any prior medical history: _____

Authorization

I hereby authorize the veterinarian to examine and/or treat my pet as he deems fit. I assume all responsibility for any charges that are incurred for my pet. I also understand that payment is due at the time services are rendered.

Signature of owner _____ Date: _____

Method of payment Cash Check Credit Card