

 **Welcome to Auburn Veterinary Hospital** 

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

**Client Information**

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
(Last) (First) (Last) (First)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ Preferred Contact:  Cell  Home  Work  Email

Spouse's Employer: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Spouse's Work: ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Spouse's Cell: ( ) \_\_\_\_\_

**How did you learn about our practice?**

Yellow Pages  Employee  Internet Search  Sign  Event  Rescue  AVH Website

AVH Client (Name) \_\_\_\_\_  Other (Name) \_\_\_\_\_

**Notify in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(Last) (First)

**Patient Information**

Pet's Name: \_\_\_\_\_ Species:  Dog  Cat Age/Birth Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Gender:  Male  Female Spayed/Neutered:  Yes  No If So, At What Age? \_\_\_\_\_

When Did Your Pet Last Eat? \_\_\_\_\_ What Pet Food Do You Feed? \_\_\_\_\_

Reason For Pet's Visit Today: \_\_\_\_\_

Is Your Pet Currently On Medication, If So Please List Them: \_\_\_\_\_

Please Describe Any Prior Surgery or Medical Problems: \_\_\_\_\_

Does Your Pet Have Any Known Allergies, If So Please List Them: \_\_\_\_\_

Do You Have Pet Health Insurance, If So Please List the Company: \_\_\_\_\_

If Transferring From a Different Veterinary Facility Which Should We Contact To Obtain Previous Medical Records \_\_\_\_\_

**Payment**

We will gladly prepare a written estimate of services and fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept Visa, MasterCard, Discover Card or CareCredit. A written payment arrangement, if approved of in advance of treatment, may be arranged if the responsible party for payment is declined for CareCredit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

 **Welcome to Auburn Veterinary Hospital** 

**Additional Family Pets**

Pet #2 Name: \_\_\_\_\_ Species:  Dog  Cat Age/Birth Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Gender:  Male  Female Spayed/Neutered:  Yes  No If So, At What Age? \_\_\_\_\_

When Did Your Pet Last Eat? \_\_\_\_\_ What Pet Food Do You Feed? \_\_\_\_\_

Reason For Pet's Visit Today: \_\_\_\_\_

Is Your Pet Currently On Medication, If So Please List Them: \_\_\_\_\_

Please Describe Any Prior Surgery or Medical Problems: \_\_\_\_\_

Does Your Pet Have Any Known Allergies, If So Please List Them: \_\_\_\_\_

Do You Have Pet Health Insurance, If So Please List the Company: \_\_\_\_\_

If Transferring From a Different Veterinary Facility Which Should We Contact To Obtain Previous Medical Records \_\_\_\_\_

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**Additional Family Pets**

Pet #3 Name: \_\_\_\_\_ Species:  Dog  Cat Age/Birth Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Gender:  Male  Female Spayed/Neutered:  Yes  No If So, At What Age? \_\_\_\_\_

When Did Your Pet Last Eat? \_\_\_\_\_ What Pet Food Do You Feed? \_\_\_\_\_

Reason For Pet's Visit Today: \_\_\_\_\_

Is Your Pet Currently On Medication, If So Please List Them: \_\_\_\_\_

Please Describe Any Prior Surgery or Medical Problems: \_\_\_\_\_

Does Your Pet Have Any Known Allergies, If So Please List Them: \_\_\_\_\_

Do You Have Pet Health Insurance, If So Please List the Company: \_\_\_\_\_

If Transferring From a Different Veterinary Facility Which Should We Contact To Obtain Previous Medical Records \_\_\_\_\_

**Payment**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_