

 **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: () _____

Email Address: _____ @ _____ Preferred Contact: Cell Home Work Email

Spouse's Work: () _____ ext. _____ Spouse's Cell: () _____

Employer: _____ Occupation: _____

Spouse's Employer: _____ Spouse's Occupation: _____

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 Other _____

Age/Birth Date: _____ Breed: _____ Color(s): _____

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. We accept Cash, Check, Visa, MasterCard, Discover Card or CareCredit. Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay all attorney's fees and/or collection expenses. All delinquent accounts shall accrue interest at a rate of 1.5% per month (18% APY) and a handling fee of \$1.00 per month until the account balance is paid in full.

Signature: _____ Date: _____

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Additional Family Pets

Pet #2 Name: _____ Species: Dog Cat Other _____

Age/Birth Date: _____ Breed: _____ Color(s): _____

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: _____

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Pet #3 Name: _____ Species: Dog Cat Other _____

Age/Birth Date: _____ Breed: _____ Color(s): _____

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: _____

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