

# WELCOME SHEET

DATE: \_\_\_\_\_

## PLEASE CIRCLE THE NAME OF THE DOCTOR YOU WERE REFERRED TO:

Dr. Robert Griffith   Dr. Susan Skyler   Dr. Lynne Boggs   Dr. Paige Nilson   Dr. Andria Miner   Dr. Karen Wheeler   Dr. Deborah Krueger

*We are happy to provide quality veterinary care for your pet(s). Thank you for choosing Griffith Small Animal Hospital*

## PLEASE COMPLETE THE FOLLOWING INFORMATION. (PLEASE PRINT)

Yellow Pages  Drive By  Internet  Referred by (Name) \_\_\_\_\_

**OWNERS NAME:** \_\_\_\_\_  
(Last Name) (First Name)

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

CELLULAR PHONE \_\_\_\_\_ **EMAIL\*:** \_\_\_\_\_

*\*Providing an e-mail address will allow us to activate your Pet Portal; which allows you to access your pet's health care information at any time of day or night, and connect you to a comprehensive online pet health library, email services, and more.*

OWNER'S OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ ( ) staff initials

ALTERNATE CONTACT NAME: \_\_\_\_\_ RELATION TO OWNER: \_\_\_\_\_

ALTERNATE CONTACT CELLULAR NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

### ANIMAL INFORMATION

ANIMAL NAME: \_\_\_\_\_ SPECIES (cat, dog, other): \_\_\_\_\_

BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ ALTERED or SPAYED (please circle): YES NO

COLOR: \_\_\_\_\_ SPECIAL MARKS: \_\_\_\_\_

PETS DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

TATOO \_\_\_\_\_ MICROCHIP \_\_\_\_\_

DIET (kind of pet food) \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_

### **PREVIOUS VACCINATION HISTORY**

NAME OF PREVIOUS VETERINARIAN/ANIMAL HOSPITAL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Do you prefer your courtesy reminders sent by (Please circle): E-mail or U.S. Postal Service

*DOES YOUR PET HAVE A HISTORY OF ANY ALLERGIES, ILLNESSES, OR REACTIONS TO VACCINES OR MEDICATIONS? IF YES, PLEASE INDICATE.*

IN ORDER TO KEEP OUR SERVICES COST EFFECTIVE, PAYMENT IS DUE WHEN SERVICES ARE RENDERED. PLEASE INDICATE FORM OF PAYMENT.

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ VISA \_\_\_\_\_ M/C \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ DISCOVER \_\_\_\_\_

Your pets' medical history is confidential, between you and your doctor. If you are planning to board, groom, or treat your pet at another location and would like your animal's records released (including any vaccination history) please sign the consent form below.

I authorize Griffith Small Animal Hospital and its employees to release records they may have concerning examinations, treatments, vaccination history, prescriptions, and other medical information relating to my pet.

\_\_\_\_\_  
(Owner's Name)

\_\_\_\_\_  
(Date)

Your comments are appreciated. Please let us know. Thank you

[www.griffithanimalhospitals.com](http://www.griffithanimalhospitals.com)