



HillsVetHospital.com

Robert A. Hill, D.V.M.
Liz Kestler, D.V.M.
Laszlo Gyulassy, D.V.M.
22163 Redwood Rd
Castro Valley, CA 94546
510-881-5811

CLIENT/PATIENT INFORMATION

TELL US ABOUT YOU!

Your Name: _____ ID# (for office use only) _____ Date: _____

Home: _____ Cell: _____ Work: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Who else is responsible for your pet(s)? Name: _____ Relationship? _____

Home: _____ Cell: _____ Work: _____

TELL US ABOUT YOUR PET!

Pet's Name: _____ Breed: _____ ID# (for office use only) _____

Canine Feline / Male Female / Spayed Neutered Unaltered / Age when altered _____

Color / Markings: _____ Date of Birth: _____ Microchipped? Yes No

Pet Insurance Company: _____ Policy Number: _____

Pet Insurance Agent: _____ Phone Number: _____

HOW DID YOU HEAR ABOUT US?

Referred by the American Animal Hospital Association (AAHA)

Web Search

Yellow Pages Ad

Hospital Sign

Facebook

Veterinary Practice (see below)

Individual (see below)

Name of person or veterinary practice that referred you to us: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

WHAT IS YOUR PET'S HISTORY?

Does your pet have any allergies to medications or other substances? _____

Has your pet had any previous medical problems or been treated for any major medical problems? _____

Is your pet currently on any medication(s)? _____

Has your pet previously been on any medication(s)? _____

Does your pet have any behavioral problems? _____

When was your pet last vaccinated? _____

When and where did you get your pet? _____

Has your pet lived or traveled outside your immediate area? _____

Where does your pet spend the majority of his/her time? (indoors or outdoors)? _____

Has your pet been boarded in the last 6 months? _____

Are there any other animals in your house? _____

Is your pet exposed to other animals? _____

What does your pet eat? _____

How often do you feed your pet? _____

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 I request one. By signing below, I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

SIGNATURE

DATE