

CLIENT SATISFACTION SURVEY
CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Professionalism Of Our
Staff:

Cleanliness Of Our Facility:

Quality Of Services
Received:

Overall Impression Of Our
Practice:

Did You Have To Wait Past
Your Scheduled Appointment
Time? Yes
No

If You Answered "Yes" To The
Previous Question, Then
Please Tell Us How Long You
Had To Wait For Your
Appointment:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And
1=Poor

Please Feel Free To Leave Us
Any Additonal Comments:

NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Driver's License Number:

How did you become aware of
us?

Pet's Name:

Pet's Breed:

Pet's Color:

Pet's Sex:

Male

Female

Both AM & PM

Tell us how much we should feed your pet:

Will you feed your pet prior to arrival for boarding? Yes
No

Will your pet receive his/her medications prior to arrival for boarding? Yes
No

Please list any special instructions (include detailed medication directions and anything that you wish the doctor to check for)

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Conditions For Boarding My Pet And I Fully Intend To Pick Up My Pet On The Above Date Specified. If Circumstances Change, I Will Notify The Practice Of The New Pick-Up Date.

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Email Address:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Driver's License Number:

How did you become aware of us?

Pet's Name:

Pet's Breed:

Pet's Color:

Pet's Sex: Male
Female

Pet's Date Of Birth:

Date Of Most Recent

Vaccinations:

May we contact your previous veterinarian for a records Yes

transfer? No
Not Applicable

Previous Clinic's Name:
Street 1:
Street 2:

Previous Clinic's Address:
City:
State:
Zip:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

NEW CLIENT INFORMATION FORM

Owner's Name:
Date:
Street 1:
Street 2:

Owner's Address:
City:
State:
Zip:

Email Address:
Home Phone Number:
Work Phone Number:
Cell Phone Number:
Drivers License Number:
Employer:
How did you become aware of us?
May we contact your previous veterinarian?

Previous Clinic's Name:
Street 1:
Street 2:
Previous Clinic's Address:
City:
State:
Zip:

If recommended, who can we thank?
Pet's Name:

Breed:

Sex:

Color:

Birthdate/Age:

Spayed/Neutered? check if
yes

Pet's Name:

Breed:

Sex:

Color:

Birthdate/Age:

Spayed/Neutered? check if
yes

Pet's Name:

Breed:

Sex:

Color:

Birthdate/Age:

Spayed/Neutered? check if
yes

List all individuals
authorized to request
treatment for your pet(s).

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of
This Practice.

CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And
1=Poor

Professionalism Of Our
Staff:

Cleanliness Of Our Facility:

Quality Of Services

Received:

Overall Impression Of Our
Practice:

Did You Have To Wait Past Your Scheduled Appointment Time?	Yes No
--	-----------

If You Answered "Yes" To The
Previous Question, Then
Please Tell Us How Long You
Had To Wait For Your
Appointment:

No

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet's Flea Prevention Medication, Then Please Specify The Name Of The Desired Medication:

Has Your Pet Been Checked For Intestinal Parasites In The Last 6 Months? Yes No

Has Your Pet Ever Had Any Reaction To Medications? Yes No

Has Your Pet Ever Had Any Reaction To Vaccines? Yes No

Has Your Pet Ever Had Any Reaction To Anesthesia? Yes No

Is Your Pet Currently On Any Medication(s)? Yes No

If "Yes", Please List The Name Of The Medication And The Dosage:

HAS YOUR PET SHOWN ANY SIGN OF THE FOLLOWING?:

Vomiting? Yes No

Diarrhea? Yes No

Listless? Yes No

No Appetite? Yes No

Weakness? Yes No

Coughing? Yes No

Gagging? Yes No

Scratching? Yes No

Shaking Head? Yes No

Scooting?	Yes
	No
Seizures?	Yes
	No
Abnormal Amount Of Urination?	Yes
	No
Abnorma Amount Of Drinking?	Yes
	No
Limping?	Yes
	No
Abnormal Weight Loss Or Gain?	Yes
	No
Unusual Lumps Or Bumps?	Yes
	No

TESTS & SERVICES TO BE PERFORMED DURING THIS VISIT:

Puppy/Kitten Wellness Exam

Annual Wellness Exam

Intestinal Parasite Exam

Deworm (If Needed)

Heartworm Test

FELV Test

FIV Test

Bath

Dip

Grooming

Other (Please Specify):

May We Sedate/Anesthesize	Yes
---------------------------	-----

Your Pet If Necessary?	No
------------------------	----

By Clicking The "Submit" Button, I Agree With All Of The Following: The practice is to use all reasonable precaution against injury, escape, or death of my pet. The practice and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is discharged from the practice or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the practice is located. If I neglect to pick up my pet within 7 days of the date below and do not notify the practice within that time frame, the practice may assume that the pet is abandoned and is hereby authorized to dispose of the pet as deemed best and/or necessary.

BOARDING REGISTRATION FORM

All Boarders MUST Have Up-To-Date Bordatella (Kennel Cough) Vaccinations!

Drop-Off Date Requested:

Pick-Up Date Requested:

Owner's Name:

Owner's Phone Number

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Pet's Name:

Emergency Contact Name:

Emergency Contact Phone
Number:

Yes

No

Would you like your pet
bathed?

option1

option2

Would you like your pet
dipped?

Yes

No

List your pet's belongings:

The hospital shall not be responsible for the loss, theft or destruction of any personal property left with the above pet.

How many times should we
feed your pet per day?

AM Only

Feed my pet in the:

PM Only

Both AM & PM

Tell us how much we should
feed your pet:

Will you feed your pet prior
to arrival for boarding?

Yes

No

Will your pet receive
his/her medications prior to
arrival for boarding?

Yes

No

Please list any special
instructions (include
detailed medication
directions and anything that
you wish the doctor to check
for)

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Conditions For Boarding My Pet And I Fully Intend To Pick Up My Pet On The Above Date Specified. If Circumstances Change, I Will Notify The Practice Of The New Pick-Up Date.

Today's Date

Pets Name and Age

Owner

How long have you had your pet?

Is your pet around any children?

Do you have any other pets?

Where does your pet live?
(Indoor,Outdoor,Both,fenced yard or free run?)

What type of food do you feed, dry or wet

Does your pet receive people food? yes or no

What medication is your pet on?

What type of exercise does your pet get?

Please check if this applies to your pet

Any known allergies?

Do you do any home dental care?

Any past illness- injury- condition? If yes please explain

Increased thirst?

Decreased thirst?

Weight gain\loss?

Difficulty rising/jumping/getting in vehicle?

Difficulty Breathing?

Increased urination?

Appetite Change?

Vomiting?

Diarrhea?

Coughing?

Sneezing/runny nose?

Lameness?

Pain?

Itching?

Hair loss?

Lack of energy

Runny eyes?

Seizures?

Behavior Changes?

House soiling/Accidents?

Ear problems?

Trouble chewing / eating /
bad breath?

Does your pet visit a kennel
or grooming facility?

Where does your pet sleep?

Any other problems not
mentioned above, if yes
please explain.

Dental Procedure Consent Form

Date:

Owner's Name:

Pet's Name:

Damaged, broken and diseased
teeth are painful for your
pet and can be hazardous to
their overall health,
damaging internal organs
such as the heart, liver and
kidneys. Sometimes tooth
damage has gone too far for
a cleaning (scaling and
polishing) to be of much
benefit and other procedures
such as extractions, root
canals or oral surgery may
be needed.

IF THE DOCTOR DETERMINES
THAT TEETH MAY NEED TO BE
EXTRACTED DUE TO DISEASE,
LOOSENESS, OR BREAKAGE:
PLEASE CHOOSE ONE:

Proceed With Recommendations
and Extraction(s):

Do NO Extractions Under any
Circumstances:

Refer Me to a Veterinary
Dental Specialist for
Advanced Procedure(s) Such

as: (Root Canal,
Endodontics, Etc)

IF THE DOCTOR DETERMINES
YOUR PET NEEDS ORAL SURGERY:
PLEASE CHOOSE ONE:

Proceed with the Recommended
Procedure

Do NO Oral Surgery

Extraction(s) will cost
&10.00 to &92.00 per tooth.

Oral Surgery Fees Vary
depending on the Procedure.

Please Sign

NEW CLIENT INFORMATION FORM

NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Driver's License Number:

How did you become aware of
us?

Pet's Name:

Pet's Breed:

Pet's Color:

Pet's Sex:

Male

Female

Pet's Date Of Birth:

Date Of Most Recent

Vaccinations:

May we contact your previous
veterinarian for a records
transfer?

Yes

No

Not Applicable

Previous Clinic's Name:

Street 1:

Street 2:

Previous Clinic's Address:

City:

State:

Zip:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

New Phone Number

New Phone Number

BOARDING REGISTRATION FORM

ALL pets must be current on all vaccinations and have a negative fecal and/or a deworming with Drontal Plus. 1 Kennel Cough (Bordetella vaccine) is required to be updated every 6 months. We do not accept 2yr/3yr Distemper

Drop-Off Date Requested:

Pick-Up Date Requested:

Owner's Name:

Owner's Phone Number

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Pet's Name:

Emergency Contact Name:

Emergency Contact Phone Number:

Would you like your pet groomed while here? Please leave grooming instructions or speak to the groomer when your pet(s) arrive.

Yes

No

Yes

No

List your pet's belongings:

Will your pet receive his/her medications prior to arrival for boarding?

Yes

No

The hospital shall not be responsible for the loss, theft or destruction of any personal property left with the above pet.

AM Only

We feed one time daily for the comfort of the pet, if your pets' need differ from this please inform us.

PM Only
Both AM & PM

Tell us how much we should feed your pet:

Will you feed your pet prior to arrival for boarding?

Yes
No

Please list any special instructions (include detailed medication directions and anything that you wish the doctor to check for)

Should your pet need medical attention while boarding at our facility would you like us to treat without contacting you (option1) or try to call but do not withhold medical care (option 2)

option1
option2

Please list any other information needed for his/her boarding stay

By signing below , I Certify That I Am In Agreement With All Terms & Conditions For Boarding My Pet And I Fully Intend To Pick Up My Pet On The Above Date Specified. If Circumstances Change, I Will Notify The Practice Of The New Pick-Up Date.

Signature:

NEW CLIENT INFORMATION FORM
NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Driver's License Number:

How did you become aware of us?

Pet's Name:

Pet's Breed:

Pet's Color:

Male

Female

Pet's Sex:

option1

option2

option1

option2

Pet's Date Of Birth:

Date Of Most Recent
Vaccinations:

Yes

No

May we contact your previous
veterinarian for a records
transfer?

Not Applicable

option1

option2

Previous Clinic's Name:

Street 1:

Street 2:

Previous Clinic's Address:

City:

State:

Zip:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

BOARDING REGISTRATION FORM

All Boarders MUST Have Up-To-Date Bordatella (Kennel Cough) Vaccinations!

Drop-Off Date Requested:

Pick-Up Date Requested:

Owner's Name:

Owner's Phone Number

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Pet's Name:

Emergency Contact Name:

Emergency Contact Phone
Number:

Would you like your pet
bathed?

Yes

No

option1

option2

List your pet's belongings:

The hospital shall not be responsible for the loss, theft or destruction of any personal property left with the above pet.

How many times should we
feed your pet per day?

Feed my pet in the:

Tell us how much we should
feed your pet:

Will you feed your pet prior
to arrival for boarding?

Will your pet receive
his/her medications prior to
arrival for boarding?

Please list any special
instructions (include
detailed medication
directions and anything that
you wish the doctor to check
for)

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Conditions For Boarding My Pet And I Fully Intend To Pick Up My Pet On The Above Date Specified. If Circumstances Change, I Will Notify The Practice Of The New Pick-Up Date.

DROP-OFF RELEASE FORM

Today's Date:

Owner's Name:

Owner's Phone Number:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Pet's Name:

Reason For Visit:

Will Your Pet Be Fed Prior To Arrival? Yes
No

Is Your Pet On Heartworm Prevention? Yes
No

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet's Heartworm Medication, Then Please Specify The Name Of The Desired Medication:

Is Your Pet On Flea Prevention? Yes
No

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet's Flea Prevention Medication, Then Please Specify The Name Of The Desired Medication:

Has Your Pet Been Checked For Intestinal Parasites In The Last 6 Months? Yes
No

Has Your Pet Ever Had Any Reaction To Medications? Yes
No

Has Your Pet Ever Had Any Reaction To Vaccines? Yes
No

Has Your Pet Ever Had Any Reaction To Anesthesia? Yes
No

Is Your Pet Currently On Any Medication(s)? Yes
No

If "Yes", Please List The Name Of The Medication And The Dosage:

HAS YOUR PET SHOWN ANY SIGN OF THE FOLLOWING?:

Vomiting? Yes
No

Diarrhea? Yes
No

Listless? Yes
No

No Appetite? Yes
No

Weakness?	Yes
	No
Coughing?	Yes
	No
Gagging?	Yes
	No
Scratching?	Yes
	No
Shaking Head?	Yes
	No
Scotting?	Yes
	No
Seizures?	Yes
	No
Abnormal Amount Of Urination?	Yes
	No
Abnorma Amount Of Drinking?	Yes
	No
Limping?	Yes
	No
Abnormal Weight Loss Or Gain?	Yes
	No
Unusual Lumps Or Bumps?	Yes
	No

TESTS & SERVICES TO BE PERFORMED DURING THIS VISIT:

Puppy/Kitten Wellness Exam

Annual Wellness Exam

Intestinal Parasite Exam

Deworm (If Needed)

Heartworm Test

FELV Test

FIV Test

Bath

Other (Please Specify):

May We Sedate/Anesthetize

Your Pet If Necessary?

By Clicking The "Submit" Button, I Agree With All Of The Following: The practice is to use all reasonable precaution against injury, escape, or death of my pet. The practice and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be

Please Feel Free To Leave Us

Any Additional Comments:

BOARDING REGISTRATION FORM

All Boarders MUST BE Up-To-Date on all Vaccinations! Payment is due at drop off.

Drop-Off Date Requested:

Pick-Up Date Requested:

Owner's Name:

Owner's Phone Number

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Pet's Name:

Emergency Contact Name:

Emergency Contact Phone
Number:

Yes

No

Would you like your pet
bathed?

option1

option2

List your pet's belongings:

The hospital shall not be responsible for the loss, theft or destruction of any personal property left with the above pet.

How many times should we
feed your pet per day?

AM Only

Feed my pet in the:

PM Only

Both AM & PM

Tell us how much we should
feed your pet:

Will you feed your pet prior
to arrival for boarding?

Yes

No

Please list any special
instructions (include
detailed medication
directions and anything that
you wish the doctor to check
for)

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Conditions For Boarding My Pet And I Fully Intend To Pick Up My Pet On The Above Date Specified. If Circumstances Change, I Will Notify The Practice Of The New Pick-Up Date.

DROP-OFF RELEASE FORM Pets must be current on all vaccinations for drop-off appointments. A \$75.00 drop off deposit is required.

Today's Date:

Owner's Name:

Owner's Phone Number:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Pet's Name:

Reason For Visit:

Will Your Pet Be Fed Prior To Arrival? Yes
No

Is Your Pet On Heartworm Prevention? Yes
No

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet's Heartworm Medication, Then Please Specify The Name Of The Desired Medication:

Is Your Pet On Flea Prevention? Yes
No

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet's Flea Prevention Medication, Then Please Specify The Name Of The Desired Medication:

Has Your Pet Been Checked For Intestinal Parasites In The Last 6 Months? Yes
No

Has Your Pet Ever Had Any Reaction To Medications? Yes
No

Has Your Pet Ever Had Any Reaction To Vaccines? Yes
No

Yes

Has Your Pet Ever Had Any Reaction To Anesthesia? No

Is Your Pet Currently On Any Medication(s)? Yes
No

If "Yes", Please List The Name Of The Medication And The Dosage:

HAS YOUR PET SHOWN ANY SIGN OF THE FOLLOWING?:

Vomiting? Yes
No

Diarrhea? Yes
No

Listless? Yes
No

No Appetite? Yes
No

Weakness? Yes
No

Coughing? Yes
No

Gagging? Yes
No

Scratching? Yes
No

Shaking Head? Yes
No

Scotting? Yes
No

Seizures? Yes
No

Abnormal Amount Of Urination? Yes
No

Abnormal Amount Of Drinking? Yes
No

Limping? Yes
No

Abnormal Weight Loss Or Gain? Yes
No

Unusual Lumps Or Bumps? Yes

No

TESTS & SERVICES TO BE PERFORMED DURING THIS VISIT:

Puppy/Kitten Wellness Exam

Annual Wellness Exam

Intestinal Parasite Exam

Deworm (If Needed)

Heartworm Test

FELV / FIV Test

Other (Please Specify):

By Clicking The "Submit" Button, I Agree With All Of The Following: The practice is to use all reasonable precaution against injury, escape, or death of my pet. The practice and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is discharged from the practice or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the practice is located. If I neglect to pick up my pet within 7 days of the date below and do not notify the practice within that time frame, the practice may assume that the pet is abandoned and is hereby authorized to dispose of the pet as deemed best and/or necessary.

New Date Selector

NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

E-MAIL ADDRESS

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Driver's License Number:

How did you become aware of us?

Pet's Name:

Pet's Breed:

Pet's Color:

Pet's Sex:

Male

Female
option1
option2

Pet's Date Of Birth:

Date Of Most Recent
Vaccinations:

May we contact your previous
veterinarian for a records
transfer? Yes
No
Not Applicable

Previous Clinic's Name:

Street 1:

Street 2:

Previous Clinic's Address:

City:

State:

Zip:

By Clicking The "Submit" Button, I Agree With All Of The Following: The practice is to use all reasonable precaution against injury, escape, or death of my pet. The practice and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is dropped off at the practice or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the practice is located. If I neglect to pick up my pet within 7 days of the date below and do not notify the practice within that time frame, the practice may assume that the pet is abandoned and is hereby authorized to dispose of the pet as deemed best and/or necessary.

Client Name:

Client Phone Number:

Alternative Phone Number:

Client E-mail Address:

Pet's Name:

Name Of Medication To Be
Refilled:

Quantity To Be Refilled:

Current Dosage Given:

Any Side Effects Seen? Yes
No

Date Of Pet's Most Recent
Exam:

Additional Comments:

We Will Contact You After Your Request Has Been Reviewed By A Doctor.

Please Allow 48 To 72 Hours For Processing Of Your Request.

New Phone Number

CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And 1=Poor

Professionalism Of Our Staff:

Cleanliness Of Our Facility:

Quality Of Services

Received:

Overall Impression Of Our Practice:

Did You Have To Wait Past Your Scheduled Appointment Time? Yes
No

If You Answered "Yes" To The Previous Question, Then Please Tell Us How Long You Had To Wait For Your Appointment:

Please Feel Free To Leave Us Any Additonal Comments:

NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Email Address

Work Phone Number:

Cell Phone Number:

Employer:

Driver's License Number:

How did you become aware of us?

If referral, whom may we thank?

Pet's Name:

Pet's Breed:
Pet's Color:
Pet's Date Of Birth:

Pet's Sex: Male
Male Neutered
Female
Female Spayed

Pet's Species Dog
Cat
Bird
Ferret
Other

Date Of Most Recent
Vaccinations or last visit
to a veterinarian

May we contact your previous
veterinarian for a records
transfer? Yes
No
Not Applicable

Previous Clinic's Name:

Street 1:

Street 2:

Previous Clinic's Address:

City:

State:

Zip:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

DROP-OFF RELEASE FORM

Today's Date:

Owner's Name:

Owner's Phone Number:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Email Address

Pet's Name:

Reason For Visit:

Will Your Pet Be Fed Prior To Arrival? Yes
No

Is Your Pet On Heartworm Prevention? Yes
No

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet's Heartworm Medication, Then Please Specify The Name Of The Desired Medication:

Is Your Pet On Flea Prevention? Yes
No

If You Answered "Yes" To The Previous Question And You Would Like To Refill Your Pet's Flea Prevention Medication, Then Please Specify The Name Of The Desired Medication:

Has Your Pet Been Checked For Intestinal Parasites In The Last 6 Months? Yes
No

Has Your Pet Ever Had Any Reaction To Medications? Yes
No

Has Your Pet Ever Had Any Reaction To Vaccines? Yes
No

Has Your Pet Ever Had Any Reaction To Anesthesia? Yes
No

Is Your Pet Currently On Any Medication(s)? Yes
No

If "Yes", Please List The Name Of The Medication And The Dosage:

HAS YOUR PET SHOWN ANY SIGN OF THE FOLLOWING?:

Vomiting? Yes
No

Diarrhea? Yes
No

Listless? Yes
No

No Appetite? Yes
No

Weakness?	Yes
	No
Coughing?	Yes
	No
Gagging?	Yes
	No
Scratching?	Yes
	No
Shaking Head?	Yes
	No
Scooting?	Yes
	No
Seizures?	Yes
	No
Abnormal Amount Of Urination?	Yes
	No
Abnorma Amount Of Drinking?	Yes
	No
Limping?	Yes
	No
Abnormal Weight Loss Or Gain?	Yes
	No
Unusual Lumps Or Bumps?	Yes
	No

TESTS & SERVICES TO BE PERFORMED DURING THIS VISIT:

Puppy/Kitten Wellness Exam

Annual Wellness Exam

Intestinal Parasite Exam

Deworm (If Needed)

Heartworm Test

FELV Test

FIV Test

Bath & Groom

Other (Please Specify):

May We Sedate/Anesthetize	Yes
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Your Pet If Necessary?	No
------------------------	----

By Clicking The "Submit" Button, I Agree With All Of The Following: The practice is to use all reasonable precaution against injury, escape, or death of my pet. The practice and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be

treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is discharged from the practice or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the practice is located. If I neglect to pick up my pet within 7 days of the date below and do not notify the practice within that time frame, the practice may assume that the pet is abandoned and is hereby authorized to dispose of the pet as deemed best and/or necessary.

New Text Area

New Text Area

New Text Area

Phone Number where you can be reached during your pet's drop off day

New Text Line

CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And 1=Poor

Professionalism Of Our Staff:

Cleanliness Of Our Facility:

Quality Of Services Received:

Overall Impression Of Our Practice:

Did You Have To Wait Past Your Scheduled Appointment Time? Yes No

If You Answered "Yes" To The Previous Question, Then Please Tell Us How Long You Had To Wait For Your Appointment:

Please Feel Free To Leave Us Any Additonal Comments:

NEW CLIENT INFORMATION

Date:

Owner's Name:

Co-owner or Spouse's Name:

Owner's Address: Street 1:

Street 2:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Employer:

Driver's License Number:

How did you become aware of us?

Referred by (if applicable):

Pet's Name:

Pet's Species

If exotic/other please specify:

Pet's Breed:

Pet's Color:

Male

Female

Neutered Male

Spayed Female

Pet's Sex:

Pet's Date Of Birth or

Aprox. Age:

Date Of Most Recent

Vaccinations:

May we contact your previous veterinarian for a records transfer?

Yes

No

Not Applicable

Previous Clinic's Name:

Previous Clinic's Phone Number:

Reason for visit:

Date and time of appointment (if applicable)

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

I also authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the

Please list detailed feeding instructions, including the amount to be fed at each meal and when your pet last ate prior to arrival.

Does your pet need any medications while boarding?
(no additional charge)

Yes
No

Please list any medications your pet needs including drug name and dose as well as when the last dose was given prior to arrival.

Please list any special instructions or any medical concerns you would like addressed by the veterinarian during your pets stay.

Is your pet on a monthly flea preventative?

Yes
No

What brand?

Please note that if fleas are noted on any boarding animal, that animal will be treated immediately with an appropriate product. There will be an additional charge for any necessary flea treatment.

Needham Animal Hospital is proud to offer luxury boarding accommodations for your pet. The following services may be added to make your dog or cats stay more enjoyable. The fees for these services are listed below, and are added onto your base boarding rate. If you do not wish to add services daily, you may choose how often and on which days these services are provided. Please note that a daycare application must be filled out and temperament test passed before dogs can participate in daycare. Please select any additional services you would like for us to provide below.

ADDITIONAL SERVICES FOR DOGS

	Daily
DOGGY DAYCARE HALF DAY- \$7.50	Other (days can be specified on day of admission)
	Daily
DOGGY DAYCARE FULL DAY- \$15	Other (days can be specified on day of admission)

INDIVIDUAL PLAY OR ONE ON ONE TIME- \$10 for 20 minutes

Daily
Twice Daily
Other
(days/times can be specified on day of admission)

PEANUT BUTTER STUFFED KONG OR FROZEN TREAT

Daily
Other
(days/times can be specified on the day of admission)

ADDITIONAL SERVICES FOR CATS

PLAYTIME IN THE CAT PLAYROOM FOR 30 MINUTES- \$5

Daily
Twice Daily
Other(days/times can be specified at the time of admission)

TEN MINUTES OF INDIVIDUAL TIME- \$5

Daily
Twice Daily
Other
(days/times can be specified at the time of admission)

By clicking the submit button, I acknowledge that I understand that medical problems may arise in my absence. Should the hospital not be able to reach me or my emergency contact within a reasonable amount of time, I authorize the attending veterinarian to administer the minimal medical treatment required to ensure the health and safety of my pet. I will also assume full responsibility for any expenses incurred. I certify that I have read and agree with the boarding requirements and understand the hospital's policies.

Doggy Daycare Application and Pet information

All dogs must pass a temperament test and have proof of vaccines before joining daycare. All dogs over 6 months of age must be spayed or neutered to join in group play. Puppies are allowed to participate after completing their full vaccination series. All dogs must be flea and parasite free.

Date:

Owner's Name:

Address	Street 1: Street 2: City: State: Zip:
Email Address Home Phone Number: Work Phone Number: Cell Phone Number: Which is the best number to reach you? Emergency Contact Name Emergency Contact Phone Number Pet's Name: Pet's Breed: Pet's Color:	
Pet's Sex:	Neutered Male Spayed Female Male (less than 6 months old) Female (less than 6 months old)
Pet's Date Of Birth or approximate age: Veterinarians Name (if not Needham Animal Hospital):	
May we contact your veterinarian to obtain vaccination records?	Yes No Not Applicable
Veterinarian Phone Number	
GENERAL INFORMATION:	
Where did you get your dog? How long have you had him/her?	
Has your dog ever attended a daycare or dog park before?	yes no
If yes, was this a positive experience?	yes no n/a
If it was a negative experience for you or your	

dog, please explain why.

If your dog is over 40lbs,
has he/she ever played with
small dogs (less than 15
lbs)?

yes
no

If your dog is less than 15
lbs, has he/she ever played
with larger dogs (over 40
lbs)?

yes
no

MEDICAL INFORMATION:

Has your dog been in good
health for the last 30 days?

yes
no

If no, please describe:

Is your dog allergic to any
food or medication that you
know of?

yes
no

If yes, please describe:

Is your dog currently taking
any medications?

yes
no

If yes, please list
medications and dosages:

Does your dog need
medication while at daycare?
Yes/ No

yes
no

If yes, list specific
instructions:

Has your dog had any
lameness issues in the past?

yes
no

If yes, please describe?

Does your dog have any other
pre-existing medical
conditions to note?

yes
no

If yes, please describe:

BEHAVIOR INFORMATION:

Select all characteristics that describe your pet's personality:

Outgoing, Confident, or
Excitable

Pushy or possessive

Mouthy

Independent

Verbally sensitive

Timid/ submissive

Reserved/ Gentle

Clingy

Describe your dog's activity level:

high
medium
low

Describe all situations where your dog may become unfriendly or frightened. (ie: grabbing collar, hugging, removing from furniture, touching while sleeping, touching ears, mouth, paws, tail, around other dogs)

If your dog ever acts unfriendly or frightened please describe his or her behavior (ie: will bite, may bite, growls, snaps, shows teeth, freezes, trembles, moves away)

Has your dog ever growled at or bitten a person or another dog?

yes
no

If yes, please describe:

Has your dog ever been bitten by another dog?

yes
no

If yes, please describe:

Does your dog seem frightened or uneasy around any type of person (ie: men, women, children, strangers)?

yes
no

If yes, please describe:

Does your dog like to play with:

Male dogs
Female dogs
Both male and female dogs

Will your dog easily share toys with other dogs/people?

yes
no

If no, please describe:

Has your dog ever jumped a fence or barrier?

yes
no

If yes, how high was the fence?

Would you consider your dog an "Escape Artist"?

yes
no

items that my dog has damaged during his/her stay at Needham Animal Hospital.

5. I understand the hours of Needham Animal Hospital and I understand that there is a late charge of \$15.00(per dog) per 15 minute interval after business hours. I understand that my dog will be boarded overnight if I am more than 30 minutes late, and the regular boarding rate will apply.

6. I understand that any problem, including but not limited to injury or accident, illness, or death, that occurs while on the Needham Animal Hospital premises will be treated as deemed best by the veterinarian on duty. Should the hospital not be able to reach me or my emergency contact within a reasonable amount of time, I authorize the attending veterinarian to administer the minimum medical treatment required to ensure the health and safety of my pet. I will also assume full financial responsibility for any subsequent expenses incurred.

7. If I prefer for my pet to be treated at another veterinary hospital (in the event of injury) I understand that it is my responsibility to transport my pet to that facility for treatment.

8. I understand that some risks always exist with canine corporate play and that I am encouraged to discuss any concerns I have about those risks with the

Needham Animal Hospital staff before I sign this release. I agree to let my dog participate in canine corporate play. I understand and agree that Needham Animal Hospital and its staff are not liable for any accident or injury that may occur while my dog attends canine corporate play. My signature on this form indicates that any questions have been answered to my satisfaction.

9. I certify that I am the owner or authorized agent for the owner of the above named pet and I authorize Needham Animal Hospital to admit this pet to their daycare facility. I accept the financial responsibility for this pet and I understand that payment is due at the time services are rendered.

The following individuals have my permission to pick up my dog from Needham Animal Hospital:

Name:

Phone Number

Name

Phone Number

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

Wilmington Animal Fitness & Rehabilitation Center- New Client/Patient form

Please note that rehabilitation/ physical therapy services are available by referral from your primary veterinarian only. This form should be filled out and submitted after receiving a veterinary referral and prior to your pet's appointment.

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Spouse/ Co-owner's Name

Referring Veterinarian's
Name:

Pet's Name:

Pet's Breed:

Pet's Color:

Pet's Sex: Male
Female

Spayed/Neutered? yes
no

Pet's Date Of Birth:

Other Comments:

Appointment date and time:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice. I hereby authorize the CCRP to examine, evaluate, or treat the above described pet with any and all therapeutic modalities required for rehabilitation and physical therapy. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required.

CLIENT SATISFACTION SURVEY

CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And 1=Poor

Professionalism Of Our
Staff:

Cleanliness Of Our Facility:

Quality Of Services

Received:

Overall Impression Of Our
Practice:

Did You Have To Wait Past
Your Scheduled Appointment
Time? Yes
No

If You Answered "Yes" To The
Previous Question, Then
Please Tell Us How Long You
Had To Wait For Your
Appointment:

Please Feel Free To Leave Us
Any Additional Comments:

NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

E-Mail address:

Cell Phone Number:

Driver's License Number:

How did you become aware of us?

Pet's Name:

Pet's Breed:

Pet's Color:

Male

Female

Pet's Sex:

Female - spayed

Male - neutered

Pet's Date Of Birth:

Date Of Most Recent
Vaccinations:

May we contact your previous
veterinarian for a records
transfer?

Yes

No

Not Applicable

Previous Clinic's Name:

Street 1:

Street 2:

Previous Clinic's Address:

City:

State:

Zip:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

New Checkbox

New Checkbox

Client Name:

Client Name:

Client Phone Number:

Alternative Phone Number:

Client E-mail Address:

Pet's Name:

Name Of Medication To Be
Refilled:

Quantity To Be Refilled:

Current Dosage Given:

Any Side Effects Seen?

If yes, please list here:

Date Of Pet's Most Recent
Exam:

Additional Comments:

We Will Contact You After Your Request Has Been Reviewed By A Doctor.

Please Allow 24 To 48 Hours For Processing Of Your Request.

GROOMING REGISTRATION FORM

Requested Grooming Date: 1st
Choice

Requested Grooming Date:2nd
Choice

Owner's Name:

What Number Can We Reach You
At Today?:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Yes

No

Yes

No

Are You A New Grooming
Client?

option1

option2

Yes

No

What Is Your Pet's Name?:

Client Phone

Number:(previous phone
number)

E-mail Address:

CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And
1=Poor

Professionalism Of Our
Staff:

Cleanliness Of Our Facility:

Quality Of Services

Received:

Overall Impression Of Our
Practice:

Did You Have To Wait Past
Your Scheduled Appointment
Time? Yes
No

If You Answered "Yes" To The
Previous Question, Then
Please Tell Us How Long You
Had To Wait For Your
Appointment:

Please Feel Free To Leave Us
Any Additonal Comments:

NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

How did you become aware of
us?

Pet's Name:

Pet's Breed:

Pet's Color:

Pet's Sex: Male
Female
option1
option2
option1
option2

Pet's Date Of Birth:
Date Of Most Recent
Vaccinations:

May we contact your previous
veterinarian for a records
transfer? Yes
No
Not Applicable
option1
option2

Previous Clinic's Name:

Street 1:

Street 2:

Previous Clinic's Address:

City:

State:

Zip:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

CAT BOARDING REGISTRATION FORM

Drop-Off Date Requested:

Pick-Up Date Requested:

Owner's Name:

Owner's Phone Number

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Pet's Name:

Emergency Contact Name:

Emergency Contact Phone
Number:

The hospital shall not be responsible for the loss, theft or destruction of any personal property left with the above pet.

How many times should we feed your pet per day?

Yes

No

Feed my pet in the:

AM Only

PM Only

Both AM & PM

Tell us how much we should feed your pet:

Will you feed your pet prior to arrival for boarding?

Yes

No

Will your pet receive his/her medications prior to arrival for boarding?

Yes

No

Please list any special instructions (include detailed medication directions and anything that you wish the doctor to check for)

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Conditions For Boarding My Pet And I Fully Intend To Pick Up My Pet On The Above Date Specified. If Circumstances Change, I Will Notify The Practice Of The New Pick-Up Date.

What questions do you have for North County Animal Hospital?

Please enter your e-mail so we can send you the answer to your question.

CLIENT SATISFACTION SURVEY

CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And 1=Poor

Professionalism Of Our Staff:

Cleanliness Of Our Facility:

Quality Of Services

Received:

Overall Impression Of Our Practice:

Did You Have To Wait Past Your Scheduled Appointment Time?

Yes

No

If You Answered "Yes" To The
Previous Question, Then
Please Tell Us How Long You
Had To Wait For Your
Appointment:

Please Feel Free To Leave Us
Any Additonal Comments:

NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Driver's License Number:

How did you become aware of
us?

Pet's Name:

Pet's Breed:

Pet's Color:

Male

Female

Pet's Sex:

option1

option2

Pet's Date Of Birth:

Date Of Most Recent
Vaccinations:

May we contact your previous
veterinarian for a records
transfer?

Yes

No

Not Applicable

Previous Clinic's Name:

Previous Clinic's Address:

Street 1:

Street 2:

City:

State:

Zip:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

New Text Label

BOARDING REGISTRATION FORM

All Boarders MUST Have Up-To-Date Bordatella (Kennel Cough) Vaccinations!

Drop-Off Date Requested:

Pick-Up Date Requested:

Owner's Name:

Owner's Phone Number

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Pet's Name:

Emergency Contact Name:

Emergency Contact Phone
Number:

Yes

No

Would you like your pet
bathed?

option1

option2

Would you like your pet
dipped?

Yes

No

List your pet's belongings:

The hospital shall not be responsible for the loss, theft or destruction of any personal property left with the above pet.

How many times should we
feed your pet per day?

AM Only

Feed my pet in the:

PM Only

Both AM & PM

Tell us how much we should
feed your pet:

Will you feed your pet prior
to arrival for boarding?

Yes

No

Yes

Will your pet receive his/her medications prior to arrival for boarding? No

Please list any special instructions (include detailed medication directions and anything that you wish the doctor to check for)

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Conditions For Boarding My Pet And I Fully Intend To Pick Up My Pet On The Above Date Specified. If Circumstances Change, I Will Notify The Practice Of The New Pick-Up Date.

New Text Label

CLIENT SATISFACTION SURVEY

Date Of Your Visit:

Please Indicate How You Would Rate Us Based On A Scale From 1 to 5, Where 5=Excellent And 1=Poor

Professionalism Of Our Staff:

Cleanliness Of Our Facility:

Quality Of Services Received:

Overall Impression Of Our Practice:

Did You Have To Wait Past Your Scheduled Appointment Time? Yes No

If You Answered "Yes" To The Previous Question, Then Please Tell Us How Long You Had To Wait For Your Appointment:

Please Feel Free To Leave Us Any Additional Comments:

New Text Label

DROP-OFF RELEASE FORM

DROP-OFF RELEASE FORM

Today's Date:

Owner's Name:

Owner's Phone Number:

Owner's Address: Street 1:

Street 2:

City:

Listless?	Yes
	No
No Appetite?	Yes
	No
Weakness?	Yes
	No
Coughing?	Yes
	No
Gagging?	Yes
	No
Scratching?	Yes
	No
Shaking Head?	Yes
	No
Scooting?	Yes
	No
Seizures?	Yes
	No
Abnormal Amount Of Urination?	Yes
	No
Abnorma Amount Of Drinking?	Yes
	No
Limping?	Yes
	No
Abnormal Weight Loss Or Gain?	Yes
	No
Unusual Lumps Or Bumps?	Yes
	No

TESTS & SERVICES TO BE PERFORMED DURING THIS VISIT:

Puppy/Kitten Wellness Exam

Annual Wellness Exam

Intestinal Parasite Exam

Deworm (If Needed)

Heartworm Test

FELV Test

FIV Test

Bath

Dip

Grooming

Other (Please Specify):

May We Sedate/Anesthetize Your Pet If Necessary? Yes No

By Clicking The "Submit" Button, I Agree With All Of The Following: The practice is to use all reasonable precaution against injury, escape, or death of my pet. The practice and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is discharged from the practice or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the practice is located. If I neglect to pick up my pet within 7 days of the date below and do not notify the practice within that time frame, the practice may assume that the pet is abandoned and is hereby authorized to dispose of the pet as deemed best and/or necessary.

GROOMING REGISTRATION FORM GROOMING REGISTRATION FORM

Requested Grooming Date:

Owner's Name:

What Number Can We Reach You At Today?:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Yes

No

Are You A New Grooming Client?

option1

option2

Do You Have A Preferred Groomer? Yes No

If "Yes", Please Specify Preferred Groomer:

What Is Your Pet's Name?:

Please List Any Special Instructions Regarding Grooming:

By Clicking The "Submit" Button, I Certify That I Understand All Of The Following: All fees are due and payable upon completion of services. A cancellation charge will be added to my next groom for a no-show. Fee does not include gratuity.

Quantity To Be Refilled:

Current Dosage Given:

Any Side Effects Seen?

Yes

No

Date Of Pet's Most Recent

Exam:

Additional Comments:

Please Allow 24 To 48 Hours For Processing Of Your Request.

We Will Contact You After Your Request Has Been Reviewed By A Doctor.

NEW CLIENT INFORMATION FORM

Date:

Owner's Name:

Street 1:

Street 2:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Employer:

Driver's License Number:

How did you become aware of us?

Pet's Name:

Pet's Breed:

Pet's Color:

Male

Female

Pet's Sex:

option1

option2

option1

option2

Pet's Date Of Birth:

Date Of Most Recent

Vaccinations:

May we contact your previous veterinarian for a records transfer?

Yes

No

Not Applicable

option1

option2

Previous Clinic's Name:

Street 1:

Street 2:

Previous Clinic's Address:

City:

State:

Zip:

By Clicking The "Submit" Button, I Certify That I Am In Agreement With All Terms & Policies Of This Practice.

Client Name:

Client Name:

Client Phone Number:

Alternative Phone Number:

Client E-mail Address:

Pet's Name:

Name Of Medication To Be

Refilled:

Current Dosage Given:

Any Side Effects Seen?

Additional Comments:

We Will Contact You After Your Request Has Been Reviewed By A Doctor.

Please Allow 24 To 48 Hours For Processing Of Your Request.