

SOUTH SHORE ANIMAL HOSPITAL

Dr. Brian Dawson Dr. David Hock Dr. Mary Jane Hock Dr. Charlotte Lucas

Welcome to South Shore Animal Hospital. Thank you for choosing our office for your pet's care. Please complete the following information so that we may better serve you:

Last Name: _____ First Name: _____ Spouse _____

Address _____

City: _____ State & Zip _____

Phone #() _____ Cell Phone #() _____

Email: _____

Pet's Name: _____ Dog Cat Other _____

Breed: _____ Color _____

Sex: (Circle) M M Neutered F F Spayed Date Of Birth _____

Reason for Visit: _____

Is your pet currently on any medication? **Yes** **No** If Yes, what? _____

How do you view your pet? As a member of my family As a pet (circle one)

Has your pet been tested for heartworm? **Yes** **No** If yes, is he/she on preventative? **Yes** **No**

What is the name of the preventative? _____ If no, would you be interested in learning

about preventative products? **Yes** **No**

Do you brush your pet's teeth? **Yes** **No**

Does your pet have a weight problem that you would be interested in controlling? **Yes** **No**

Are you interested I learning about diets to improve your pet's health? **Yes** **No**

If your pet is over 5, would you be interested in hearing about our Senior Care Program? **Yes** **No**

Please explain any allergy, previous injury, or previous surgery that we should know about _____

All fees are due upon release of patient. Please indicate your choice of payment

Cash _____ **Credit Card** _____ **Check** (driver's license required) _____ **Care Credit** _____

How did you become aware of our hospital? **Telephone Book** _____ **Sign** _____ **Newspaper** _____ **Website** _____ **Internet Search** _____

Recommendation from another client? _____ Who do we thank? _____

Date of last vaccines:

Canine

Canine Distemper/Parvo _____

Canine Rabies _____

Bordatella _____

Lyme _____

Fecal Examination _____

Feline

Feline Distemper _____

Feline Rabies _____

Feline Leukemia _____

Feline Leukemia Tested _____

Fecal Examination _____