

## Patient Information

Welcome to Hopewell Animal Hospital. We honor the opportunity to care for your family member(s).

Patient (Pet) Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Neutered/Spayed

Species: Dog \_\_\_ / Cat \_\_\_ Indoor \_\_\_ Outdoor \_\_\_ Declawed \_\_\_ / Other \_\_\_\_\_

Date of Birth or Estimated Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

I obtained my pet from a: Breeder \_\_\_ Shelter \_\_\_ Pet Store \_\_\_ Friend \_\_\_ Other \_\_\_\_\_

Microchip Number \_\_\_\_\_ Pet's Favorite Activities \_\_\_\_\_

Any aggression or fear issues? Y \_\_\_ N \_\_\_ (If yes, please explain) \_\_\_\_\_

Any chronic illnesses? Y \_\_\_ N \_\_\_ (Please explain) \_\_\_\_\_

Vaccines (Please specify type, date given and any reactions.) \_\_\_\_\_

Current Medications \_\_\_\_\_

I feed my pet: Brand \_\_\_\_\_ Type \_\_\_\_\_

Amount per feeding \_\_\_\_\_ Feedings per day \_\_\_\_\_ Treats from table? Yes \_\_\_ No \_\_\_

Prior illnesses or injuries \_\_\_\_\_ Surgeries or dentals \_\_\_\_\_

Please specify any allergies \_\_\_\_\_

Preventatives given: Flea and Tick \_\_\_ Heartworm \_\_\_

### Privacy Policy (Please check all that apply.)

The NYS Professional Board of Ethics requires a written and signed release in order to provide any medical information. This information can be revoked at any time.

**I authorize Hopewell AH to release medical records for my pet to the following** (check all that apply):

\* Do not release to anyone. \_\_\_

\* I authorize release of information on an as- needed basis to the following (check all that apply):

Boarding Facility \_\_\_ Veterinary Hospital \_\_\_ Adoption Agencies \_\_\_ Emergency Clinic \_\_\_

\* I would like my pet to be featured on the HAH Facebook page. Yes \_\_\_ No \_\_\_

Payment in full is expected at time of service. Returned or bounced checks will receive a non-sufficient funds fee of \$30 placed onto the account. Interest will be charged once monthly on any balance placed on account. The account will be sent to collections if no payment is received within 90 days. The account may accrue a \$30 collections charge. In signing, you agree to these conditions. We appreciate your cooperation.

Signature \_\_\_\_\_ Date \_\_\_\_\_