

# New Pet Information Questionnaire



## PLEASE PRINT LEGIBLY

### CLIENT INFORMATION:

Owners last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Spouse/Other Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse/Other Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver License or ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Certain medications cannot be dispensed without verification of owner's date of birth).

How did you hear of Heritage Veterinary Hospital? Internet Search  Yellow Pages  Other  \_\_\_\_\_

Personal/Professional Referral  Name (whom may we thank) \_\_\_\_\_

### PET INFORMATION:

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth (if known): \_\_\_\_\_

Dog  Cat  Other: \_\_\_\_\_ Male  Female  Spayed/Neutered? No  Yes

Breed: \_\_\_\_\_ Coloring: \_\_\_\_\_

How did you acquire your pet? \_\_\_\_\_ How long have you had your pet? \_\_\_\_\_

Previous Veterinarian? No  Yes  If yes, name: \_\_\_\_\_

Previous Medical Conditions/History: \_\_\_\_\_

Is your pet current on vaccinations? No  Yes  Any previous vaccine reactions? No  Yes  If yes please name the type of vaccine and the symptoms of reaction: \_\_\_\_\_

*I understand that for the safety of the hospital staff and that of other pets treated here, certain vaccinations may be required in order to perform treatment(s) for my pet. (INITIALS) \_\_\_\_\_*

Is your pet on flea control? No  Yes  Name: \_\_\_\_\_ Last Given: \_\_\_\_\_

Is your pet on Heartworm Prevention? No  Yes  Name: \_\_\_\_\_ Last Given: \_\_\_\_\_

Brand of pet food: \_\_\_\_\_ How long on this diet? \_\_\_\_\_ Quantity feed per day: \_\_\_\_\_

I am financially responsible for the patient(s) described above and agree to pay all fees incurred in the care of said pet. I understand that all clinic fees are required to be paid in full at the time services are performed. Finance charges on any unpaid balance will be 1.83% per month (22% annually) or a minimum of \$2.00. We accept Cash, Local Checks, and Credit Cards.

**AUTHORIZATION SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_