

New Pet Questionnaire



PLEASE PRINT LEGIBLY

CLIENT INFORMATION:

Owners Last Name: _____ First Name: _____
Spouse/Other Last Name: _____ First Name: _____ Relationship: _____
Primary Phone: _____ Is this a Cell ? Yes No
Cell: _____ Secondary/Other: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Employer's Name: _____ Work Phone: _____
Spouse/Other Employer's Name: _____ Work Phone: _____
Drivers License or ID Number: _____
Date of Birth: _____ (Certain medications cannot be dispensed without verification of owner's date of birth).
How did you hear about Heritage Veterinary Hospital? Internet Location Friend Other
Personal/Professional Referral Name (whom may we thank) _____
Preferred Communication: Text Email Both

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? _____
Who is your Pet's Insurance Provider: _____ Policy number: _____
Is your Pet mostly Indoor Outdoor Both
Previous Veterinary Hospital ? No Yes If Yes,
Name: _____
Previous Medical History or Concerns: _____
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 per day: _____

I am financially responsible for the patient 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, Checks, CareCredit, and Credit/Debit Cards.

AUTHORIZED SIGNATURE: _____ **DATE:** _____