



Caring for Animals for over 30 Years!

Phone: (434) 237-6631

Pet's First Visit

Client # (Staff use)

Owner

Owner (Dr. Mr. Mrs. Ms.): _____ Phone #: _____

Pet Information

Pet's Name: _____ Species: Dog Cat Other _____ Breed: _____ Sex: M F Spayed/Neutered? Y N
 If Yes, when? _____

Date of Birth or Age: _____ Color/Distinctive Markings: _____

Pet Health History (Please include any medical records you have with this form.)

Does your pet have any chronic health problems we should know about?

(Kidney disease, heart conditions, arthritis, diabetes, etc.)

Please describe: _____

Is your pet currently on medication or a special diet?

Please describe: _____

Has your pet's behavior changed in any way? (please check all that apply)

- Sleeping More
- Drinking More
- Vomiting
- Diarrhea
- Foul Breath
- Increased Irritability
- More Frequent Urination
- Loss of Appetite
- Coughing or Sneezing
- More Frequent Defecation or Gas
- Other (Please describe) _____

When was your pet's last: (please write the date for each)

Fecal check for intestinal worms? _____ Rabies vaccination? _____

Canine (Dog)

Distemper/Hepatitis/Leptospirosis/Parainfluenza/Parvovirus vaccination? _____

Bordetella vaccination? _____

Heartworm check? _____

Feline (Cat)

Distemper/Upper Respiratory vaccination? _____

Feline Leukemia and/or AIDS test? _____

Feline Leukemia and/or AIDS vaccination? _____

Has your pet had any other vaccinations not listed here? _____

Payment is expected at time of service. If payment is not made at this time, interest at the rate of 19.99% per annum will be accrued on the entire debt (including expenses and costs of collection) from the date the services were rendered. If this account is assigned for collection to any attorney and/or collection agency, Seven Hills Animal Hospital shall be entitled to all expenses and costs of collection. I have read, understand, and agree to these statements.

Client Signature _____ Date _____