

Northrock Hospital for Animals

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-Mail Address: _____

Employer's Name & Address: _____

Spouse's/Other's Employer Name & Address: _____

In case of EMERGENCY, call _____ at phone # _____

I give permission to NRHA and/or any business that represents them to contact me at the cellular number listed above if needed. _____ (Initial)

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Driver's License #: _____

Preferred Method of Payment: Cash Check Credit Card Care Credit

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

- Individual, someone we may thank? _____
- Yellow pages, or another telephone directory?
- Hospital sign?
- Another hospital? If so, which? _____
- Internet?(Google,Bing,Yahoo,Etc) _____
- Other, please state: _____
- Website? _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

There will be a service charge for any check returned unpaid.

Signature _____ Date _____

Animal Medical History

Please complete information for all your pets - Thank You!	Pet # 1	Pet # 2	Pet # 3
Pet's Name			
Species			
Breed			
Description (Color)			
Age or Date of Birth			
Sex			
Altered or Spayed			
Diet (Name of Your Pet Food)			
Vitamins or Treats (Given Regularly)			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Vaccinations	Please write down the dates the vaccines/tests were given.		
DHLPP (Distemper/Parvo - Dogs)			
Corona (Dogs)			
Bordetella (Kennel Cough - Dogs)			
Lyme (Dogs)			
Rabies (Dogs/Cats)			
FVRCP (Distemper - Cats)			
FELV (Feline Leukemia - Cats)			
Other Vaccines - Please List			
Heartworm Test (Dogs)			
Heartworm Prevention? (Dogs)			
Feline Leukemia/Feline Aids			
Fecal Test (Stool Exam for Worms)			
Dentistry (Date Work was Done)			
Geriatric Health Screen			
Food or Drug Allergies			
Current Medications			
Medical History - Prior Illness/Surgery:			
Thank You!			