

## *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)

I give permission to NRHA and/or any business that represents them to post my pet's picture, video, story and medical information on social media. (Circle one) Yes No

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			
<b>Vaccinations</b>	<b>Please write down the dates the vaccines/tests were given.</b>		
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 Test			
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!			