



Animal Medical and Surgical Hospital

Client Information

Name _____ Spouse's Name _____
 Address _____ Spouse's Employer _____
 City _____ Zip _____ Spouse's Cell Phone _____
 Cell Phone _____ Spouse's Work Phone _____
 Place of Employment _____ Work Phone _____
 Email Address _____ Owner's Date of Birth _____
 Whom may we thank for referring you? _____

Drive By Website Social Media Previous Client

In order to provide services to you at the lowest possible cost, payment is expected at the time of treatment.

Signature: _____

May we take pictures of your pet while they are with us to use on our social media/website? Yes No

Patient Information

Name			
Breed			
Date of Birth			
Color			
Sex Male/Female			
Neutered/Spayed?			

Name of your previous veterinarian? _____

Any serious illnesses or surgeries? _____

Any allergies to medications or vaccines? _____

Is your pet on any special diets or medications? _____

Is your pet on Heartworm prevention? _____ If so, what kind? _____

Any stiffness or difficulty walking or standing?	Yes No	Any hair loss or itching? Yes No
Is your pet drinking or eating normally?	Yes No	Is your pet having bad breath? Yes No
Is your pet urinating/defecating normally?	Yes No	Does your pet tire easily? Yes No
Have your pet's habits changed?	Yes No	Is your pet indoor or outdoor ?
Is your pet vomiting/diarrhea?	Yes No	What is your pet's diet? _____
Is your pet coughing?	Yes No	Concerns? _____

Please let us know if you would like further information about:

Flea/tick Control Boarding Surgeries Diets Other Services

Thank you for choosing AMSH for your pet's veterinary care. If you like us, let your friends know. If you have any suggestions for ways we can improve, let us know! info@amshpetvet.com