



Welcome to Ontario Veterinary Hospital

Thank you for for giving us the opportunity to care for your pet.
We will be happy to answer any questions you have regarding your pet's health. To insure the best care possible please fill in this form **completely**.
Thank you!

Owner (Last, First): _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Owner D.O.B.: _____

SS# or DL#: _____

Primary Phone: _____

Alt. Phone: _____

How did you learn about our clinic: Yellow Pages Sign/Drive By

Internet:

Recommendation: _____

(Please check below)

(If you were recommended by a current client please list their first and last name)

Google

Yelp

Yahoo

Facebook

Other: _____

Reason for visit: _____

Name: _____

Dog Cat

Breed: _____ Color: _____

Birthdate or Age: _____

Male

Neutered

Female

Spayed

If you know the dates of the most recent vaccines please list them here: _____

Is your pet having any of the following symptoms?:

Behavior Problems

Lack of Appetite

Sneezing

Bleeding Gums/Mouth Issues

Limping

Thirst/Urination Increase

Breathing Problems

Loss of Balance

Vomiting

Coughing

Scooting

Weakness

Diarrhea

Scratching

Other: _____

Eye Bulging or Bloodshot

Seems Depressed

Gagging

Shaking Head

Please list any past or current health issues and any current medications: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.
I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment and/or treatment costing over \$500.

Signature of Owner/Responsible Party: _____

Date: _____