

# 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. \_\_\_\_\_ Yes \_\_\_\_\_ NO (please check mark)

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<br>for all your pets - Thank You! | Pet<br># 1  | Pet<br># 2 | Pet<br># 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<br/>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                                   |   |            |            |                   |
| 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:                      |   |            |            |                   |
|   |   |            |            |                   |
|   |   |            |            |                   |
|   |   |            |            | <b>Thank You!</b> |