Welcome

to Creedmoor Road Animal Hospital

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

Client Information

Owner:_____ Home Phone:_____
Address:_____ Cell Phone:_____
City:_____ Zip:_____ Work Phone:_____
E-mail:_____ Place of Employment:_____
Emergency Contact:_____ Emergency Contact Phone:_____
How did you learn of our clinic?
[__] Google [__] Yellow Pages [__] Referral (Who:_____)
[__] Yelp [__] Sign or Drive-by [__] Other _____

Number of pets: Dogs_____ Cats:_____ Other:_____
Reason for Visit:_____

Pet Health History

Name of Pet:_____ ( ) Dog ( ) Cat ( ) Other_____
Breed:_____ Color:_____ Birth Date:_____
( ) Male ( ) Neutered ( ) Female ( ) Spayed
Name of Pet:_____ ( ) Dog ( ) Cat ( ) Other_____
Breed:_____ Color:_____ Birth Date:_____
( ) Male ( ) Neutered ( ) Female ( ) Spayed

Please check any symptoms or problems that you have noticed with your pet.

( ) Behavior Problems	( ) Lack of Appetite	( ) Sneezing	( ) Bleeding Gums
( ) Limping	( ) Thirst/Urination Decrease		( ) Breathing Problems
( ) Loss of Balance	( ) Vomiting	( ) Coughing	( ) Scooting
( ) Weakness	( ) Diarrhea	( ) Scratching	( ) Other_____
( ) Eye Bulging/Bloodshot	( ) Seems Depressed		
( ) Gagging	( ) Shaking Head		

Pet's Current Medications:_____
Describe your Pet's Diet:_____

Authorization

I 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.

Signature of Owner:_____ Date_____