

To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Owner: _____ Date: _____
Address: _____ Employer: _____

Significant Other: _____

Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact Name: _____ Phone _____

How did you learn about our clinic? Sign Outside Facebook Recommendation
 Website Other: _____

If recommended, by whom? _____

Number of Pets Dogs: _____ Cats: _____ Other (Specify): _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birthdate: _____

Undetermined Male Neutered Female Spayed

Hospital that gave last vaccines: _____ Phone Number: _____

Any allergies/drug reaction: _____

Previous Illnesses/Surgeries: _____

On going medical conditions: _____

Reason for Visit / Any symptoms or problems that you have noticed about your pet: _____

Pet's current medications:	
Describe your pet's diet:	
Where did you get your pet from:	Pet shop/ Rescue/ Breeder/ Family/Friend/ Other:
How would you like reminders sent:	Mail <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> All <input type="checkbox"/>

Release of Information for Media or Website Publication

_____ I authorize/ _____ I do not authorize the staff at this veterinary practice to release portions of my pet's medical history and record, including personal recollections, radiographs, photographs, videotape images or other images to use with media entities including, but not limited to:

* Facebook * Google Plus * Twitter * PetCallsAH.com

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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. A monthly service charge of 1.5% will be applied to all accounts outstanding beyond 30 days from the date of services are performed. Further, the undersigned will be responsible for all costs of collection including reasonable attorney's fees and court costs, if necessary.

Signature of Owner: _____ Date: _____

Pet Calls Animal Hospital

PRE-VISIT QUESTIONNAIRE



Patient Name _____ Last Name _____

Appointment time and date _____

Please send and email to petcallsreception@gmail.com

As a Veterinary Team that embraces the Fear Free initiative we want to make your pet's veterinary experience as stress free and enjoyable as possible. The information you provide will help us take into consideration both you and your pet's preferences.

Does your pet travel in the car to places other than the vet hospital? Y / N

Would you describe your pet's behavior traveling to the hospital / in the car

Travels well Cries Anxiously Somewhere in between

Describe: _____

Check any situations listed below that your pet has shown avoidance or dislike of in the past. You can add additional comments at the end.

- Getting in the car or carrier
- Entering the hospital
- Waiting with other pets or people in the waiting room
- Other pets barking or loud noises
- Going into exam room
- Getting on the scale for a weight
- Being approached by veterinary staff

- Being touched by someone other than you
- Having someone picking them up for the exam
- Being examined on the exam table (small pets)
- Being taken out of the exam room for a procedure away from you
- Having their nails trimmed

If your pet travels in a pet carrier how do they react going into the carrier?

Does your pet get nauseous with car travel (drooling/vomiting)?

How would you described your pet around other animals and people?

Does your pet have any sensitive areas that they don't like to have touched or examined by you or others?

Are there any procedures your pet has not liked having performed at the veterinary hospital in the past or that seemed difficult for you or the staff to do? (nail trims, weights, temperature, ear exam, blood draw) If so, how did your pet react?

What are your pet's favorite treats? (It helps if you bring your pet to their appointment hungry and with their favorite treats)

Has your pet ever been prescribed any medications to help with a visit to the veterinary hospital? If so please list below

Anything else you would like us to know (likes/dislikes)?
