



# New Client/Patient Information

## Client Information

Title

Last

First

Street Address

City

State

Zip Code

Phone

Alternate Phone

E-Mail Address

## Alternate Contact Information

Last

First

Phone

Who referred you to our office? \_\_\_\_\_

## Patient Information

Name

Species

Date of Birth

Breed

Color

Male

Female

Spayed

Neutered

Microchipped

Which of the following vaccinations has your pet received within the last year?

Rabies

Canine Leptospirosis

Lyme Disease

Canine Distemper

Canine Influenza

Feline Distemper (FVRCP)

Canine Parvovirus

Canine Bordetella (Kennel Cough)

Feline Leukemia

Does your pet have chronic problems or allergies? If so, please describe them below.

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What is the reason for today's exam?

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## New Client/Patient Information

### Authorization for Release of Information

\_\_\_\_\_ I authorize Harwood Road Animal Hospital to release medical or vaccination information regarding my pet to boarding kennels, groomers, veterinarians of my choosing, or health department/animal control officials requesting this information.

\_\_\_\_\_ I authorize Harwood Road Animal Hospital to release my name and telephone number to anyone finding my lost pet.

### Payment Terms and Conditions

\_\_\_\_\_ I understand that payment is due at the time services are rendered, and that Harwood Road Animal Hospital is unable to provide "payment plans". I understand that an estimate of fees is not reflective of a final bill, and I agree to pay in full all fees incurred at the conclusion of my pet's visit.

\_\_\_\_\_ I understand that Harwood Road Animal Hospital cannot accept payment by check at the conclusion of the initial exam. I understand that I will be asked to provide my driver's license and social security information in the event that I choose to provide payment by check in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Pet Health Checklist

The more information we have regarding your pet’s health history, the more accurately we can determine a diagnosis and begin the appropriate treatment.

Please complete the following health checklist regarding your pet today. **Note:** Most procedures are performed outside of the exam room. Please inform the doctor if you have questions about this.

My pet’s appetite is normal with no difficulty chewing or swallowing. Yes  No

My pet drinks the same amount of water always. Yes  No

My pet breathes normally, without straining. Yes  No

My pet urinates in the usual amounts and frequency. Yes  No

My pet has normal appearing bowel movements. Yes  No

My pet walks without stiffness, pain or difficulty. Yes  No

My pet’s eyes are bright, clear and free of matter. Yes  No

My pet’s breath is good. Yes  No

My pet’s teeth are clean, white, and free from tarter. Yes  No

My pet is current on all vaccines. Yes  No

My pet is currently taking heartworm prevention. Yes  No

My pet is currently taking medication. Yes  No

My pet is having vomiting and/or diarrhea. Yes  No

My pet is coughing. Yes  No

I am the primary care giver of this pet and can make any health care decisions that are necessary. Yes  No

I desire an estimate of costs prior to any treatment of my pet. Yes  No

List of medications my pet is on: \_\_\_\_\_

Type of food/brand my pet is eating: \_\_\_\_\_

List of treats I am giving my pet: \_\_\_\_\_

If you are not the primary caregiver, please leave the name and phone number of the person who is.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_