



# Welcome!

## Client Information

Name (Last Name First): \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Home Phone:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_  
Significant Other/Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How did you learn about our practice? \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_  
Sex:  M  F Neutered/Spayed  Yes  No Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
Describe your pet's diet: \_\_\_\_\_  
List your pet's current medications: \_\_\_\_\_

## Pet's History (check all that pet has received)

Distemper/Parvo (Dog)  Bordetella (Kennel Cough-Dog)  CIV (Canine Flu)   
Rabies (Dog/Cat)  FVRCP (Infectious Disease-Cat)  Feline Leukemia

Prior Illness: \_\_\_\_\_

Prior Surgery: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have prior records? Yes No

Prior Veterinarian's name & phone #: \_\_\_\_\_

### Financial Policy

Payment in full is due when services are rendered. We accept cash, check, American Express, Discover, CareCredit, MasterCard, and Visa.

### Authorization

I hereby authorize the veterinarian of Holly Tree Animal Hospital, P.C. to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C O N F I D E N T I A L