

Cheektowaga Veterinary Hospital

Please print this information sheet, fill it out, and bring to the hospital at the time of your appointment. Filling out this information sheet (at home) will save you time when you arrive at the veterinary hospital.

Client and Patient Information

Home Phone Number: _____

Title: _____

Name: _____

Address:

Street: _____

City: _____ State: _____ Zipcode: _____

Place of Employment: _____ Work Phone: _____

Driver's License Number: _____ Date of Birth: _____

Spouse's Name: _____ Work Phone: _____

Is this your first visit to our hospital? Yes No

If yes, how did you first become aware of us? _____

1) Pet's Name: _____ Is your pet a: Dog / Other / Cat (Indoor Only?) Yes No

Breed: _____ Color: _____ Birth Date: _____

Male Female Spayed Castrated Unknown (circle one)

2) Pet's Name: _____ Is your pet a: Dog / Other / Cat (Indoor Only?) Yes No

Breed: _____ Color: _____ Birth Date: _____

Male Female Spayed Castrated Unknown (circle one)

PAYMENT POLICY

All fees and charges are due when services are rendered, or upon release of your pet.

Circle Preferred Method of Payment: VISA MasterCard Discover Cash Check

Balances not paid will be sent to a reputable collection agency. Client signed below is responsible for all collection fees (30%-40%) and any attorney fees.

Sign here: _____

Would you like an estimate before we begin treatment? Yes No

Your Pet's Medical History

Has Your pet been to a veterinarian before? _____

Previous Veterinarian? _____

If so, is there a reason for changing? _____

Date of last visit: _____ Date of Last Vaccination: _____

What do you currently feed your pet? _____

Do you have other pets at home? _____

Has your cat been tested for feline leukemia and AIDS? _____

Have you noticed any behavior problems or concerns with your pet?

Do you have any concerns about your pet's health that you desire advice on from us?

What prior illness, surgery, or allergies should we know about?

What type of flea control are you using? _____

List any medications or prescription diet that your pet is on

Are there times you are in need of boarding and / or grooming services from us?

Thank you for bringing your pet to our hospital. We hope you are pleased with our services and would appreciate you sharing with us any ideas you may have as to how we may improve them.