

Crossroads Veterinary Hospital

WELCOME TO OUR PRACTICE!

Zoonotic Education

Received Handout

Initials: _____

Date: _____

Thank you for giving us the opportunity to provide tender loving care for your pets.
To insure the best care possible, please take the time to fill out this form completely.

Thank You!

Client Information

Owner's Name _____ Spouse/Other _____
Address _____ City _____ ST _____ Zip _____
Home Phone() _____ Cell() _____ Work() _____
Other Phone() _____
Email: _____
Employer Name: _____ Spouse Employer Name: _____
Driver's License Number: _____ Date of birth: _____
Emergency Contact: _____ Phone() _____
How did you hear about us? Sign/Drive by Referred by: _____
 Internet/Website Facebook Yellow Pages/Local paper Other:

Patient Health History

Pet #1 Pet's Name _____ Species: Dog Cat Other _____
DOB: _____ Sex: Male Neutered Female Spayed
Breed: _____ Color: _____ Weight: _____ lbs.
Medical Conditions diagnosed in the past:

Previous Veterinarian: _____ May we contact for records: Yes No

Pet #2 Pet's Name _____ Species: Dog Cat Other _____
DOB: _____ Sex: Male Neutered Female Spayed
Breed: _____ Color: _____ Weight: _____ lbs.
Medical Conditions diagnosed in the past:

Previous Veterinarian: _____ May we contact for records: Yes No

I hereby authorize the veterinarians of Crossroads Veterinary Hospital to examine, prescribe for, or treat the above described pet/s. I assume responsibility for all charges incurred in the care of this animal. I understand these charges must be paid at the time services are rendered and that a deposit is required for surgical care or treatment.

Signature of Owner/Agent _____ Date _____