



CRESTWOOD ANIMAL HOSPITAL

Welcome To Our Family!

Last Name _____ First Name _____ M.I. _____ Title _____

Address _____ Apt _____ City _____ St _____ Zip _____

Primary Ph _____ H [] C [] W [] Alt Ph _____ H [] C [] W []

Email _____ Spouse _____ Spouse Ph _____

Employer _____ Occupation _____

What is the first method of contact that you prefer? Phone: H [] C [] W [] -OR- Email []

Pet's Name _____ Breed _____ Color _____

Sex M [] F [] DOB _____ / _____ / _____ -OR- Age _____

What previous or ongoing health concerns does your pet have? _____

What food does your pet eat? _____ How much is your pet fed? _____

How often is your pet outdoors? Exclusively [] More than 1/2 [] Less than 1/2 [] Almost none []

Is your pet spayed or neutered? Yes [] No []
If not, do you plan to spay or neuter? [] []
Do you have past medical records? [] []
If not, whom may we call to request records? _____

Does your pet have allergies? [] []
Is your pet on an intestinal parasite control program? [] []
Does your pet travel out of state? [] []

Is your pet on an external parasite (fleas, ticks, etc.) control program? Yes [] No []
Do you board or groom your pet? [] []
Is your pet microchipped? [] []
Has your pet had a dental cleaning? [] []
Does your pet go to parks, beaches, the mountains, etc? [] []
Is your dog a service dog? [] []

Does your pet participate in or soon will be active in:

Hunting [] Agility [] Flyball [] Dock Dogs [] Herding [] Other [] _____

Please check any of the following issues that concern you about your pet's health/behavior:

Bad Breath [] Itching/Chewing [] House Training [] Biting [] Obesity []
Difficulty getting up after laying down [] Other [] _____

Please check any of the following services you may utilize:

Boarding [] Referral Rewards Program [] Wellness Plan []
Senior Savings Program [] Military Appreciation Program []

How did you hear about us?

Personal Referral [] Whom may we thank? _____
Yellow Pages [] Other Veterinarian [] Sign [] Location [] Our Website [] LocalVets.com []
Other [] Please specify _____

OFFICE USE:
File Entered By
