



### Welcome to Peninsula Animal Hospital

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

#### Client Information

Client Name \_\_\_\_\_  
First Name Last Name

Best Contact phone#'s \_\_\_\_\_

Additional Names on Record \_\_\_\_\_

Contact phone#'s \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

How did you learn of our practice? \_\_\_\_\_

#### Pet Information

Pet's Name \_\_\_\_\_ Dog  Cat  Age(approx.)/Birthday \_\_\_\_\_

Sex Male  Female  Breed \_\_\_\_\_ Color \_\_\_\_\_

Neutered/Spayed Yes  No  Microchipped? \_\_\_\_\_  
Number

What is the brand name of food your pet eats? \_\_\_\_\_  
Dry/wet

Vaccination History – Dog – DA2PP  Bordetella  Leptospirosis  Rabies   
\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date

Vaccination History – Cat - Felv  FVRCP  Rabies   
\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date

Reason for visit? \_\_\_\_\_

Tell us a little about your pet, any prior illnesses or surgery?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Payment

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. We accept all major credit cards and Care Credit. There will be a service charge for any returned checks. To prevent spread of infectious diseases, all hospitalized patients must be current on vaccinations and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_