

WELCOME SHEET

DATE: _____

PLEASE CIRCLE THE NAME OF THE DOCTOR YOU WERE REFERRED TO:

We are happy to provide quality veterinary care for your pet(s). Thank you for choosing Griffith Small Animal Hospitals.

PLEASE COMPLETE THE FOLLOWING INFORMATION. (PLEASE PRINT)

Yellow Pages Drive By Referred by (Name) _____

Other (please list) _____

OWNERS NAME: _____

(Last Name)

(First Name)

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

CELLULAR PHONE _____ PAGER NUMBER _____

OWNER'S OCCUPATION: _____ PLACE OF EMPLOYMENT: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____

SPOUSE'S NAME: _____ SPOUSE'S WORK PHONE NUMBER: _____

ANIMAL INFORMATION

ANIMAL NAME: _____ SPECIES (cat, dog, other): _____

BREED: _____ SEX: _____ ALTERED or SPAYED (please circle): YES NO

COLOR: _____ SPECIAL MARKS: _____

PETS DATE OF BIRTH: _____ AGE: _____

TATOO _____ MICROCHIP _____

DIET (kind of pet food) _____ MEDICATIONS: _____

PREVIOUS VACCINATION HISTORY

DOGS

DATE OF VACCINATION

CATS

DATE OF VACCINATION

DHP (Canine distemper)..... _____

FVR-CP (Feline distemper)..... _____

PARVOVIRUS..... _____

FELINE LEUKEMIA (test)..... _____

BORDETELLA (Kennel cough)..... _____

FELINE LEUKEMIA _____

RABIES..... _____

RABIES..... _____

HEARTWORM TEST..(Date when pet last tested)... _____

DOES YOUR PET HAVE A HISTORY OF ANY ALLERGIES, ILLNESSES, OR REACTIONS TO VACCINES OR MEDICATIONS? IF YES, PLEASE INDICATE.

IN ORDER TO KEEP OUR SERVICES COST EFFECTIVE, PAYMENT IS DUE WHEN SERVICES ARE RENDERED. PLEASE INDICATE FORM OF PAYMENT.

CASH _____ CHECK _____ VISA _____ M/C _____ AMERICAN EXPRESS _____

Your pets' medical history is confidential, between you and your doctor. If you are planning to board, groom, or treat your pet at another location and would like your animal's records released (including any vaccination history) please sign the consent form below.

I authorize Griffith Small Animal Hospital and Griffith Animal Hospital-Cypress Creek and its employees to release records they may have concerning examinations, treatments, vaccination history, prescriptions, and other medical information relating to my pet.

(Owner's Name)

(Date)