

**West Trenton Animal Hospital**

**Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.**

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone-Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**Please make any changes/corrections/additions to address/ phone #'s, etc.**

Can we add/verify your e-mail address for reminders & bulletins? E-mail \_\_\_\_\_

**We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at the time services are rendered. If you wish to pay by check or credit card, please complete the following.**

How did you hear of our hospital? Individual, someone we may thank? \_\_\_\_\_

Yellow pages or another telephone directory? \_\_\_\_\_ Other, please state: \_\_\_\_\_

Hospital sign? \_\_\_\_\_ Another hospital? If so, which one? \_\_\_\_\_

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Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of previous/current Veterinarian: \_\_\_\_\_

Is there any history of problems? \_\_\_\_\_

**\*Is your pet allergic to any drug/medication/vaccines/anesthesia? No \_\_\_\_\_ Yes (list) \_\_\_\_\_**

Is your pet currently on any medications? Heartworm Prevention \_\_\_\_\_ Flea/Tick Control \_\_\_\_\_

Other \_\_\_\_\_ Do you need any refills or diet pickups today? No \_\_\_\_\_ Yes (list) \_\_\_\_\_

What is your pet's diet? Wet \_\_\_\_\_ Dry \_\_\_\_\_ Brand \_\_\_\_\_ How much & when each day \_\_\_\_\_

Any injury or illness in the past 30 days? No \_\_\_\_\_ Yes \_\_\_\_\_

Any history of seizure? No \_\_\_\_\_ Yes (frequency) \_\_\_\_\_

**Any changes or has your pet exhibited any of the following problems? Please circle appropriate item(s).**

- |              |                 |              |                   |
|--------------|-----------------|--------------|-------------------|
| Appetite     | Behavior        | Lameness     | Weakness          |
| Urination    | Bowel Movements | Hair Loss    | Stiffness         |
| Weight       | Bad Breath      | Shaking Head | Difficulty Rising |
| Water Intake | Sneezing        | Scratching   | Lumps/Bumps       |
| Diarrhea     | Coughing        | Vomiting     |                   |

**We recommend semi-annual fecal/stool tests. Regular microscopic examination of your pet's stool should be done for early detection & treatment. People can get roundworm, hookworm, and other zoonotic diseases from their pets. Has your pet been checked within the last 6 months? No \_\_\_\_\_ Yes \_\_\_\_\_**

Do you have any questions or concerns? \_\_\_\_\_

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