

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? _____

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? _____
