

Welcome to Longview Animal Hospital

So we may provide you with exceptional service, please share some information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care. We offer veterinary care, bathing and boarding for your best friends. Thanks for entrusting your pet's care to our team!

PATIENT INFORMATION

Pet's name: _____ Sex: M F Neutered or Spayed? Yes No

Species: Dog Cat Other _____ Pet's Date of Birth (Month/Day/Year) ____/____/____

Breed: _____ Color _____

Reason for bringing pet in: _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No
If yes, what? _____

What kind of food does your pet eat? _____ Treats? _____

Dates of last vaccinations:

Dogs: DHALPP (Distemper/Hepatitis/Adenovirus/Parainfluenza/Parvo/Leptospirosis): _____ Rabies: _____

Bordatella/Kennel Cough: _____ Is your dog on flea preventatives? Yes No

Heartworm test: _____ Is your dog on heartworm preventatives? Yes No

Cats: FVRCP (Rhinitis/Chlamydia/Calicivirus/Panleukopenia): _____ Rabies: _____ Leukemia _____

CLIENT INFORMATION

First name _____ Last name _____ Cell phone (____) _____

Spouse first name _____ Spouse last name _____ Cell phone (____) _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____

Email address (for vaccine reminders, etc) _____

Best way to reach you (circle one)? Home Phone Cell Phone Work Phone Text to Cell Email

Employer _____

Drivers License # _____ exp. _____ Date of Birth _____ *All information is kept confidential.*

How did you hear about us (check all that apply):

Facebook Online Listing Phone Book Drive By Other Family/Friend

Whom may we thank for referring you? _____

AUTHORIZATION AND PAYMENT

I understand that I am financially responsible for any and all services done on or for my pet. A written estimate can be provided if requested prior to treatment. I also understand that in cases of extensive medical or surgical procedures a deposit may be required. I further understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. For your convenience, we accept cash, all major credit cards, and Care Credit.

How will you be paying today (circle response)?:

CASH VISA MASTERCARD DISCOVER AMERICAN EXPRESS CARE CREDIT

To prevent the spread of infectious diseases, all hospitalized patients must be current on all 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 _____ Date _____