



Point Pleasant Veterinary 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 any questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.



Client Information

Name _____ Date _____
Last name First Name Initial

Driver's License # and State _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Employer _____ Occupation _____

Business Address _____ Business Phone _____

Spouse or co-owner _____ Home Phone _____ Business Phone _____

How did you learn about our practice? _____

Notify in case of emergency _____ Home Phone _____ Business Phone _____



Pet Information



Pet's Name _____ Dog Cat Other _____

Age/Birth Date _____ Sex M F Breed _____ Color _____

Neutered/Spayed Yes No At what age? _____ At what age was the pet obtained? _____ months/years

Where did you obtain this pet? Friend Breeder Pet Shop Humane Society Other _____

Diet: Canned Dry Brand? _____

Pet's History - check (✓) all that pet has received and date: _____

DHLPP (Distemper-Dog) _____ Feline Leukemia Test (Cat) & Aids _____ Rabies (Dog/Cat) _____

Parvovirus (Dog) _____ FVRCP (Infectious Diseases - Cat) _____ Dentistry _____

Describe any:

Prior Illness _____ Prior Surgery _____

Reason for pet's visit: _____

Do you have any other Cat Dog Bird Other _____

Payment



We will gladly prepare a written estimate for service fees before hospital admission. **All professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or checks. There will be a service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of care and the appropriate charges will be assessed in the discharge invoice.



Method of Payment: Check Cash Credit Card

Signature of client responsible for pet(s) _____ Date _____