

# Tender Paws Animal Hospital

Date:

Welcome to Tender Paws Animal Hospital. Our staff is dedicated to the optimum in patient care and will do their utmost to make your pet's visit pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Name: Spouse's Name \_\_\_\_\_

Address: City: State: Zip:

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ WorkPhone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Drivers License # \_\_\_\_\_

How did you choose our practice? ☐ Yellow Pages ☐ Google ☐ Yelp ☐ Facebook ☐ Friend \_\_\_\_\_

☐ Rescue Group/Shelter \_\_\_\_\_ ☐ Drive By \_\_\_\_\_ Are you 65 or older? YES or NO

Would you like to receive reminders by e-mail? (circle) YES or NO

E-mail Address: \_\_\_\_\_

## Patient Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Is Patient a Rescue: YES or NO

Can we use a photo of your pet on social media? (circle) YES or NO

If Patient is a DOG	DATE GIVEN
RABIES 1yr or 3yr	
DHLP 1yr or 3yr	
PARVO	
LEPTO	
BORDETELLA	
LYME	
FECAL FLOAT Test	
HEARTWORM Test	

If Patient is a Cat	DATE GIVEN
RABIES	
FVRCP	
LEUKEMIA	
FELV/FIV Test	
FECAL FLOAT Test	
INDOOR ONLY ?	Yes or No

Is your pet currently on HeartWorm preventative? YES or NO If yes, which brand: \_\_\_\_\_

Is your pet currently on a Flea Treatment medication? YES or NO If yes, which brand: \_\_\_\_\_

Our Pet is: ☐ A member of the Family ☐ A back yard Pet Do you travel with your pet? YES or NO

Please list any previous illness or surgeries? \_\_\_\_\_

Please list any allergies or reactions to medications or vaccinations? \_\_\_\_\_

Please list any special diets or medications that your pet is currently on: \_\_\_\_\_

Which pet food do you feed? \_\_\_\_\_ Is your pet Microchipped: YES or NO

Tender Paws Animal Hospital requires payment in full at the time of service. We accept the following forms of payment: Visa, MasterCard, American Express, Discover, Care Credit, Cash or Check. If a balance is left un-paid for more than 30 days, you will be charged a 3% monthly interest rate and a monthly billing charge of \$15.00. We require a minimum monthly payment of \$50. If the balance is less than \$50 it must be paid in full. Thank you.

Signature:

Date: