

# Welcome to Cape May Veterinary Hospital

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. **To insure the best care possible, please take the time to fill in this form completely.** Thank you.

Owner's Name: \_\_\_\_\_  
SS# \_\_\_\_\_

Owner's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

Spouse/Other: \_\_\_\_\_  
SS# \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
\_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about our hospital?  
Individual, someone we may thank? \_\_\_\_\_  
Yellow Pages? \_\_\_\_\_  
Another hospital? Which? \_\_\_\_\_  
Other, please state \_\_\_\_\_

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## PET HEALTH HISTORY

Name of pet: \_\_\_\_\_  Dog  Cat Other: \_\_\_\_\_  
\_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date: \_\_\_\_\_  
\_\_\_\_\_

Please circle one: MALE NEUTERED or FEMALE  
SPAYED

Please list vaccination history (UNLESS RECORDS HAVE BEEN PROVIDED)

Date and type of last vaccinations: \_\_\_\_\_  
\_\_\_\_\_

Do you require a mailed vaccine reminder?  Yes  No

Please check any symptoms or problems that you have noticed about your pet:

- |                    |                  |                                   |
|--------------------|------------------|-----------------------------------|
| Behavior Problem   | Lack of Appetite | Sneezing                          |
| Bleeding Gums      | Limping          | Thirst and/or Urination Increased |
| Breathing Problems | Loss of Balance  | Vomiting                          |

	Coughing	Scotting	Weakness
	Diarrhea	Scratching	
Other	_____		
	Gagging	Seems Depressed	
	_____		
	Eyes Bloodshot	Shaking Head	

Pet's Current Medications:

\_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_