

Welcome to Angel Oak Animal Hospital

Client Info

Name: _____ Spouse/Partner: _____

Address _____

City _____ St _____ Zip _____ (PO Box _____)

Email _____

Phone (H) _____ (C) _____ (W) _____

Referred By: _____

Pet Info

Name: _____ Birthdate/Age _____ Cat _____

Dog _____

Breed: _____ Color: _____

Male _____ Female _____ Spayed _____

Neutered _____

Lifestyles & Risks

Dogs

Vaccines Due? Yes _____ No _____

Swim? Yes _____ No _____

Hunt? Yes _____ No _____

Rural Property? Yes _____ No _____

Roams Free? Yes _____ No _____

Unsupervised? Yes _____ No _____

Tick Exposure? Yes _____ No _____

Travel? Yes _____ No _____

Boards/Groomed? Yes _____ No _____

Dog Park? Yes _____ No _____

Heartworm Prev? Yes _____ No _____

Flea Control? Yes _____ No _____

Microchip? Yes _____ No _____

Cats

Vaccines due? Yes _____ No _____

Outdoors? Yes _____ No _____

Heartworm Prev? Yes _____ No _____

Flea Control? Yes _____ No _____

Microchip? Yes _____ No _____

Misc

Medications or supplements? Yes _____ No _____ If so: _____

Previous or other veterinarian: _____

May we obtain your pet's medical records? Yes _____ No _____

Signature: _____ Date: _____ *

* Authorizes veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for all charges incurred in the care of my pet. I also understand professional fees are due at the time services are rendered.