**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 Cats

Vaccines Due? Yes\_\_\_\_\_ No\_\_\_\_\_ Vaccines due? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Swim? Yes\_\_\_\_\_\_ No\_\_\_\_\_ Outdoors? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Hunt? Yes\_\_\_\_\_\_ No\_\_\_\_\_ Heartworm Prev? Yes\_\_\_\_ No\_\_\_\_\_

Rural Property? Yes\_\_\_\_\_\_ No\_\_\_\_\_ Flea Control? Yes\_\_\_\_\_\_ No\_\_\_\_

Roams Free? Yes\_\_\_\_\_\_ No\_\_\_\_\_ Microchip? 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\_\_\_\_\_

**Misc**

Medications or supplements? Yes\_\_\_\_ No\_\_\_ If so:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous or other veterinarian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we obtain your pet’s medical records? Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Enroll in our Email List/Reminders: Yes\_\_\_\_\_ No\_\_\_\_\_

Can we post your pet’s photo on our social media? 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.