

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 ___

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.