

Welcome Form

Animal Kingdom Veterinary Hospital

CLIENT INFORMATION

Date: _____ Social Security #: _____ Birthdate: _____
Name (Last, First): _____ Spouse: _____
Address: _____ City/State/Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Work Phone: (____) _____ Email Address: _____
Employer: _____ Employer's Address: _____
Emergency Contact Name: _____ Phone: (____) _____
How did you learn about our practice? Yellow Pages Recommendation Sign
 SPCA Money Mailer Other _____
If recommended, by whom? _____
Number of pets: Dogs _____ Cats _____ Other _____
Primary reason for visit: _____

PET INFORMATION

Pet's Name: _____ Dog Cat Other _____
Gender: Male Female Breed: _____ Color: _____
Age: _____ Birthdate: _____ Neutered/Spayed: Yes No - At what age? _____
At what age was the pet obtained? _____
From: Friend Breeder Pet Shop Humane Society Other _____
Reason for obtaining pet (check all that apply) Companion Protection Breeding
 Show Other _____
Describe your pet's diet: _____
List your pet's current medication: _____
Please check any symptoms or problems that you have noticed with you pet:
 Appetite Loss Gagging Sneezing
 Behavioral Changes Gums Bleeding Thirst
 Breathing Problems Limping Urination Increase
 Coughing Loss of Balance Vomiting
 Depression Scooting Weakness
 Diarrhea Scratching Other _____
 Eye Disorders Shaking Head Other _____

Pet's History (check all vaccines and/or procedures that the pet has received)

Distemper Feline Leukemia/FIV Test Prior Surgery _____
 Parvovirus (Dog) FVCRP (Cat) Prior Illness _____
 Rabies (Dog/Cat) Dental Other _____

AUTHORIZATION

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 the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of owner _____ Date _____