

# Welcome

## To Our Hospital!



Please verify the following information for us :

Your Name \_\_\_\_\_ Your pet's name \_\_\_\_\_  
Your Phone Number \_\_\_\_\_ Pet Breed \_\_\_\_\_  
Alternate Number \_\_\_\_\_ Spayed/Neutered? ( Y / N ) \_\_\_\_\_  
Your Address \_\_\_\_\_ Color \_\_\_\_\_  
\_\_\_\_\_  
Birthdate or Age \_\_\_\_\_

E-mail Address \_\_\_\_\_

*\* Your email address gives you access to our online Patient Portal. Here, you can find your pet's medical records, refill prescriptions, make appointments, and contact us.*

Your Pet's Medical History :

Yes/No

- Is your pet currently on Heartworm Prevention?  
  Is your pet on Flea Prevention?  
  Has your pet had any **reaction to Medications? Vaccines? Anesthesia** \_\_\_\_\_  
  Is your pet currently on any medications or supplements? \_\_\_\_\_  
  If feline, does your pet go outside?  
  Does your pet drink from lakes or streams?  
  Has your pet been checked for intestinal worms in the last 6 months?  
  Does your pet have any chronic diseases we should be aware of? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If by recommendation, whom may we thank? \_\_\_\_\_

I authorize the veterinarian to examine, prescribe medications for, or treat my pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all fees are due when services are rendered.

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

**We strive to provide excellent and personalized care to you and your pet.**

**Thank you for trusting Duluth Animal Hospital with your pet's needs.**