

WELCOME to Spring Hill Veterinary Clinic

DATE: _____

NAME: _____ SPOUSE'S/PARTNER NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

TELEPHONE NUMBER: _____ COUNTY: _____

PRIMARY E-Mail ADDRESS: _____

EMPLOYER: _____ SPOUSE'S/PARTNER EMPLOYER: _____

ADDRESS: _____ ADDRESS: _____

TOWN: _____ ZIP: _____ TOWN: _____ ZIP: _____

TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____

BANK: _____

ILL.DRIVERS LICENSE: _____

PREFERRED METHOD OF PAYMENT: () CHECK () CASH () CHARGE () DEBIT CARD

****NO CHECKS ON 1ST VISIT****

PET'S NAME: _____ AGE: _____ BREED: _____

COLOR: _____ SEX: () FEMALE () MALE () SPAYED () CASTRATED

PREVIOUS SIGNIFICANT MEDICAL HISTORY: _____

IS PET ON ANY CURRENT MEDICATIONS? _____

ANY DRUG SENSITIVITY OR PHYSICAL ABNORMALITIES? _____

PREVIOUS VETERINARY HOSPITAL: _____

CURRENT ON VACCINATIONS? () YES () NO () NOT SURE

OTHER QUESTIONS:

1) HOW DID YOU FIRST HEAR ABOUT US? _____

2) WOULD YOU LIKE A CLINIC TOUR IF TIME PERMITS? () YES () NO

(If YES then let our receptionist know)

3) DO YOU HAVE PET INSURANCE? () YES () NO If YES what
company? _____

3) PLEASE LIST ANY OTHER PETS OR CHILDREN IN THE HOUSE:

(New Info updated 01/14/2016)