

WELCOME TO NEW BALTIMORE ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. Our mission is to provide the best veterinary care and exceptional service to our patients and the people who love them. To insure the best care possible, please take the time to fill out this form completely.

Today's Date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Employer's Name and Address _____

In Case of Emergency, Please Call _____

How Did You Hear About Us _____

Other Pets in the House _____

Reason for the Visit _____

Pet Health History

Pet's Name _____ Date Of Birth _____

Type Of Animal: Dog Cat Other

Sex: Male Neutered Female Spayed

Breed _____ Color _____

Vaccination History (Date and Type of Last Vaccinations)

Current Medications _____

Describe Your Pet's Diet _____

Previous Medical Conditions or Problems _____

Has Pet Ever Been To Another Veterinarian Yes No

If Yes Name and Phone of Veterinarian _____

Do We Have Permission to Request Copy of Records Yes No

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume all charges incurred in the care of this animal. I understand that these charges must be paid at the time of service unless other arrangements have been made in advance.

Signature of Owner/Agent _____ Date _____

Method of Payment Cash Check MasterCard Visa Discover Amex