

SURRY ANIMAL HOSPITAL, PA

926 Reeves Drive

Mount Airy, NC 27030

www.surryanimalhospital.com

336-789-9054

Patient Information Sheet

Thank you for allowing us the opportunity to care for your pet today. Please help us better meet your needs by taking a few minutes to complete both sides of this information sheet. Once completed please return this to the front desk and someone will call you back as quick as possible. Thank you!

Pet Owner's Name: Mr./Mrs./Dr _____

Current Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Preferred method of payment (circle all that apply): Cash Check Credit Card Care Credit

We do not accept American Express. Sorry for the inconvenience.

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Age: _____

Sex(circle all that apply): M F Spayed Neutered Intact

Diet (brand, can/dry, amount per serving, how many times fed per day, treats): _____

Previous Medical History: _____

Current Medications (name, dosage, times per day): _____

Shampoo Used (if any): _____ Flea and/or Tick Preventative (if any): _____

Are you aware of any medications to which your pet may be allergic? Y or N

Describe: _____

Do you exercise your pet? Y or N If so, how long per day? _____ How many days per week? _____

Is your pet currently on heartworm preventative? Y or N If so, what brand? _____

If you answered no to the above, when was the most recent heartworm check? _____

(continued on the back)

Has your pet experiences any of the following in the last 14 days?

<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Not Eating/Anorexia	<input type="checkbox"/> Seizures
<input type="checkbox"/> Limping	<input type="checkbox"/> Gagging	<input type="checkbox"/> Cough	<input type="checkbox"/> More/Less Urination	<input type="checkbox"/> Scooting
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Scratching	<input type="checkbox"/> Fainting	<input type="checkbox"/> More/Less drinking	<input type="checkbox"/> Weight Loss/Gain
<input type="checkbox"/> Fever	<input type="checkbox"/> Surgery	<input type="checkbox"/> Shake head	<input type="checkbox"/> Lump/Bump	<input type="checkbox"/> Nasal Discharge

If you checked any of the above, please describe below (include duration, frequency, etc.)

Is there anything else that we need to know about your pet today?

Does your pet currently take any medications that need to be refilled today (heartworm/flea preventative(s), shampoo(s), supplements, etc)?

Why did you bring your pet in today? If this is a new problem please be as specific as possible and include how long the problem has been occurring.

To help prevent the spread of infectious diseases, hospitalized and boarded pets must be current on all Vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

It is understood that all reasonable precautions against injury, escape or death of my pet will be used, but you will not be held liable or responsible in any manner in connection therewith as it is implicit that I assume all risks.

All charges including boarding costs shall be paid upon release from the hospital. A written estimate can be provided if requested. If the pet is not picked up within 7 days after the time specified for return and if this office is not notified in writing of an alternate date within the 7 day period, the animal will be considered abandoned and will assume ownership from that date forward. It is understood that this does not relieve me from paying for all costs of services and use to the hospital including the cost of boarding.

After carefully reading the above, I certify that I am greater than 18 years of age and have signed in agreement.

Signature _____ **Date** _____