

Surry Animal Hospital, P.A.
926 Reeves Drive
Mount Airy, North Carolina 27030
(336) 789-9055

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sheets. Once completed please return this to the receptionist and someone will be with you shortly.

Mr. | Mrs. | Dr. | Owner's Name: _____ Spouse | Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Employer's Name & Address: _____

Spouse's | Other's Employer Name & Address: _____

At What Time _____ and at What Phone # _____ is It Best to Call About Your Pet?

In Case of EMERGENCY, Call: _____ at Phone #: _____

Occasionally we may contact you electronically to update you of various discounts/topics/promotions or other news you may be interested in pertaining to our office. We will not share your information with anyone else; it will only be used in our office. If you wish to be contacted electronically please share your email address below:

Email Address: _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered.

To help prevent the spread of infectious diseases, hospitalized 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

PET'S MEDICAL HISTORY

Please complete information for all your pets – Thank you!

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth			
Sex			
Altered or Spayed?			
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			

VACCINATIONS

Please note the dates in which the vaccines and tests were given.

DOGS:

	Pet #1	Pet #2	Pet #3
DA2LPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Corona (Dogs)			
Canine Influenza (Flu)			
Rabies			
Other Vaccines-Please Specify			
Heartworm Test (Dogs)			

CATS:

FVRCP (Infectious Diseases)			
FELV (Feline Leukemia)			
FIP (Feline Infectious Peritonitis)			
Rabies			
Other Vaccines- Please Specify			
FELV Test/FIV Test? (Cats)			
Fecal Test (Stool Exam for Worms)			
Dentistry (Approx. Date Work was Done)			
Geriatric Health Screen (Approximate)			

Medical History-Prior Illness/Surgery: