Animal Hospital

Thank you for choosing Saratoga Springs Animal Hospital for your pet care needs. If this is your first time to our clinic please fill out all information on this form. **If you and your pet have been here before just fill in Pet Owner, Pet Name and Reason(s) / concern(s) for visit.**

Date: _____

Pet Owner: _____ Home Phone: _____

Street Address: _____ Work Phone: _____

_____ Email: _____

City: _____ State: _____ Zip: _____

Spouse or Co-owner: _____

Home Phone: _____ Work Phone: _____

How did you hear about our clinic?

☐ Yellow Pages ☐ Referral (by whom) _____

☐ Sign ☐ Other (specify) _____

Pet Name: _____ Date of Birth/Age: _____

Breed: _____ Color(s): _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Does your pet have a microchip? ☐ No ☐ Yes # _____

Date of last vaccinations given: _____ Vaccine type: _____

What do you feed your pet? _____

Describe any on-going or chronic medical conditions: _____

List any medications pet is currently taking: _____

Reason(s)/concern(s) for visit: _____

Please check (✓) any symptoms or problems that you have noticed about your pet:

☐ Behavior	☐ Change of Appetite	☐ Increased Thirst
☐ Teeth or Mouth	☐ Limping	☐ Increased Urination
☐ Breathing	☐ Loss of Balance	☐ Vomiting
☐ Coughing	☐ Scooting	☐ Weakness
☐ Diarrhea	☐ Scratching	☐ Other _____
☐ Eye	☐ Lethargic	_____
☐ Sneezing	☐ Shaking Head	

I hereby authorize Saratoga Springs Animal Hospital to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____ **Date:** _____

Method of payment: ☐ Cash ☐ Discover ☐ MasterCard ☐ Visa