

Saugus Animal Hospital

WELCOME TO OUR PRACTICE!

Please complete the following form so that we may get to know you and your pet better.

Information About You:

Dr. _____
Mr. _____
Mrs. _____
Ms. _____
Last Name First Name Spouse's Name

e-mail _____

Address _____
Street City State Zip

Home Phone _____

Cell Phone _____

Occupation _____ Spouse's Occupation _____

Alternate Telephone Number in Case of Emergency _____ Today's Date _____

Business Phone _____ Spouse's Business Phone _____

How did you learn of our practice? (please check as many as apply)

Outdoor sign Yellow Pages Referral Other _____

If referral, whom may we thank for recommending our practice? _____

Payment is due when services are rendered — Method of payment today: Cash Credit Card

Person Responsible for Payment _____

Information about Your Pet:

Name _____ Species: Dog Cat Other _____

Breed _____ Sex: Male Female Neutered: Yes No

Date of Birth _____ Color _____

Does your pet have any chronic health problems? _____

Are you currently giving your pet any medication? _____

If yes, please describe _____

When was your pet's last visit to a veterinarian? _____ Where: _____

What do you feed your pet? _____

What is your pet's favorite toy? _____ favorite game? _____

Do you have any other pets at home? _____ Species / breed: _____

Does your pet go outdoors?
Strictly indoor _____ sometimes outdoors _____ often outside _____

Does your pet socialize with other animals outside the home? _____
(eg Play groups, Daycare, Training, Boarding)

THANK YOU FOR YOUR HELP IN COMPLETING OUR RECORDS.