

Welcome to:



Cape May Veterinary Hospital

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you.

Owner's Name: _____ SS#: _____

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

Spouse/Other: _____ SS#: _____

Home Phone: _____ Work Phone: _____ Spouse Work Phone: _____

E-Mail Address: _____

Employer's Name & Address: _____

Emergency Contact Name: _____ Phone: _____

When is the best time to call about your pet? Time: _____ Phone: _____

How did you hear about our hospital?

- Individual, Someone we may thank? _____
- Yellow Pages Hospital sign Another hospital? Which? _____
- Other, please state: _____

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PET HEALTH HISTORY

Name of pet: _____ Dog Cat Other _____

Breed: _____ Color: _____ Birth Date: _____

Male Neutered Female Spayed Name of previous/current veterinarian: _____

Vaccination History (Date and type of last vaccinations): _____

Please check any symptoms or problems that you have noticed about your pet.

- Behavior Problem Lack of Appetite Sneezing Bleeding Gums Limping Breathing Problems
- Thirst and/or Urination Increased Loss of Balance Vomiting Coughing Scooting Weakness
- Diarrhea Scratching Eye Bulging & Bloodshot Seems Depressed Shaking Head Gagging
- Other: _____

Pet's Current Medications: _____

I hereby authorize the veterinarian 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 Check MasterCard VISA Other _____