

# WELC ME!

## Client Information

Date: \_\_\_\_\_ Primary contact email address: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Address: \_\_\_\_\_ City,/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Your work #: \_\_\_\_\_ Your Cell #: \_\_\_\_\_

Spouse/Partner work #: \_\_\_\_\_ Spouse/Partner Cell #: \_\_\_\_\_

Your Employer: Name \_\_\_\_\_

Address: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Please tell us how you heard about our hospital (please choose one)

Referred by a current client (Please Name so we can thank them): \_\_\_\_\_

Yellow Pages:  Drove by hospital:  Internet search:  Hospital Website:

Other (please describe): \_\_\_\_\_

## Pet Information (\*Please list additional pets on back page)

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered \_\_\_\_\_

Breed: \_\_\_\_\_ Color or Markings \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date which you acquired your pet: \_\_\_\_\_

Has your pet ever been to a veterinarian before? \_\_\_\_\_ If Yes, Name of Hospital \_\_\_\_\_

Date last examined by a Veterinarian: \_\_\_\_\_

Is your pet currently on Heartworm Medication? \_\_\_\_\_ Flea Preventative? \_\_\_\_\_

Does your pet have a diagnosed medical condition or on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have any specific concerns about your pet's health or behavior? \_\_\_\_\_

## Authorization/Payment Information

I hereby authorize the veterinarian(s) at Allenstown Animal Hospital to examine, prescribe for, and/or treat the pet(s) described on this form and any additional pets that I bring to this facility. I assume responsibility for all charges incurred in the care of my pet(s). I also understand that PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED.\*

Signature of client responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_

\*Payment methods accepted: Credit Card (Mastercard, Visa, Discover, Carecredit), Debit Cards, Personal Check (New Hampshire Banks only, no "starter" checks allowed), and Cash (Please note, there is a \$30 fee for all returned checks).

Please indicate method of payment you plan to use for this visit: \_\_\_\_\_

Driver's License (Required to be on file if paying by check) NH License #: \_\_\_\_\_

## **Pet Information**

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other : \_\_\_\_\_ Pet's Name \_\_\_\_\_

Other \_\_\_\_\_ Breed: \_\_\_\_\_

Color or Markings \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date which you acquired your pet: \_\_\_\_\_

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Date last examined by a Veterinarian: \_\_\_\_\_

Is your Pet currently on Heartworm Medication? \_\_\_\_\_ Flea Preventative? \_\_\_\_\_

Does your pet have a diagnosed medical condition or on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have any specific concerns about your pet's health or behavior? \_\_\_\_\_

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Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other : \_\_\_\_\_ Pet's Name \_\_\_\_\_

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If yes, please describe: \_\_\_\_\_

Do you have any specific concerns about your pet's health or behavior? \_\_\_\_\_

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