

# Alameda Pet Hospital

**Thank you for choosing Alameda Pet Hospital for your veterinary needs. Please complete this information:**

Today's date: \_\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Dr Mr. Mrs. Ms.  
Co-Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ email address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Owner's Birth Date: \_\_\_\_\_  
Work Address: \_\_\_\_\_

**Services are provided on a cash, credit card ( Visa, Mastercard or American Express ), or check basis. \$35 charge for returns. Payment is due at the time services are rendered.**

## Patient Information

	Pet #1	Pet #2	Pet #3	Pet #4
Name	_____	_____	_____	_____
Breed	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Color	_____	_____	_____	_____
Sex, Spayed or Neutered?	_____	_____	_____	_____

### YOUR DOG'S VACCINE DATES:

Rabies vaccine \_\_\_\_\_  
Distemper etc. \_\_\_\_\_  
Kennel Cough (Bordetella) \_\_\_\_\_  
Last fecal parasite check \_\_\_\_\_  
Heartworm test / preventative \_\_\_\_\_

### YOUR CAT'S VACCINE DATES:

Rabies vaccine \_\_\_\_\_  
Distemper / Upper resp. \_\_\_\_\_  
Leukemia vaccine \_\_\_\_\_  
Leukemia / FIV blood test \_\_\_\_\_  
Last fecal parasite check \_\_\_\_\_

Microchip implanted? \_\_\_\_\_  
Previous illnesses \_\_\_\_\_  
Or surgeries? \_\_\_\_\_  
Allergies to vaccinations \_\_\_\_\_  
Or medications? \_\_\_\_\_  
Special Diet \_\_\_\_\_  
Current medications \_\_\_\_\_

**Has your pet ever bitten an individual in a veterinary office, or showed aggressiveness to others?**

### How did you become aware of our hospital?

Shelter referral \_\_\_\_\_ Animal Rescue referral \_\_\_\_\_ Yellow Pages \_\_\_\_\_ New home guide \_\_\_\_\_  
I am a previous client \_\_\_\_\_ Personal referral \_\_\_\_\_ (whom may we thank?) \_\_\_\_\_