

# Welcome to Pet Crossing Animal Hospital & Dental Clinic

*Our mission is to provide compassionate, high quality care for our patients and their families through advanced diagnostics and treatments, continuing staff training, and most importantly education for our clients so they can make informed decisions regarding their pet's health care.*

Date \_\_\_\_\_

## Owner's Information

Owner's Name \_\_\_\_\_ Home Phone(     ) \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_  
City \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_

**Would you like to receive medical correspondence, reminders and health care plans via e-mail? Yes / No**

Co-Owner's Name \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_  
Cell Phone (     ) \_\_\_\_\_  
Children At Home (We would like to know the members of your pet's family)  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

**Is there anyone else that is authorized to make medical decisions for your pet?**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Pet's Information

Pet's Name \_\_\_\_\_ Age / Date of Birth \_\_\_\_\_  
Sex: Male / Female     Species: Dog / Cat / Other (please specify) \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Distinguishing features \_\_\_\_\_  
Is your pet spayed or neutered?     Yes     No  
Is your pet microchipped and / or tattooed?     Yes     No

## Medical History

(If you have previous records please let us photocopy them so your pet's medical record can be complete)

Please describe any previous medical conditions your pet has had: \_\_\_\_\_

Please list any current medications your pet is on: \_\_\_\_\_

Is your pet currently being seen by any other veterinarians? Yes     No

Doctor's Name \_\_\_\_\_ Clinic Name \_\_\_\_\_

Who will be your pet's Primary Care Clinic? \_\_\_\_\_

Today your pet will be seeing Dr. \_\_\_\_\_. This doctor will be your pet's Primary Care Physician. You may change Primary Care Physicians at any time.

**\*I hereby authorize the release of vaccine and fecal records to groomers, boarding facilities, public health officials, law enforcement agents and animal control Yes / No Initials \_\_\_\_\_**

## How did you hear about our hospital?

Referral (whom may we thank?) \_\_\_\_\_

Community Ed Class \_\_\_\_\_ Location \_\_\_\_\_

Doggie Palooza \_\_\_\_\_ Web Site \_\_\_\_\_ MN Women's Press \_\_\_\_\_

Open House \_\_\_\_\_ Phone Book \_\_\_\_\_ Other \_\_\_\_\_

To keep costs to a minimum, all fees are due at the times services are provided. A deposit may be required on all pets that must undergo a nonelective surgery or be hospitalized for laboratory tests or treatment. We will gladly accept cash, personal checks, Visa, and MasterCard.

**THANK YOU!**