Welcome to Ross Animal Hospital & Rehabilitation Center

Client Information

Name (Last Name First): ______________________________

Address: ______________________ City/State/Zip: ______________

Home Phone: ____________________ Cell: ____________________

Employer: ______________________ Work Phone: ________________

Emergency Contact Name: ____________________ Phone: ____________

How did you learn of our clinic? ______________________________

Number of pets (please specify by type) ________________________

Primary reason for visit: ______________________________

Email: ______________________ May we contact you by email: ☐ Yes ☐ No

Pet Information

Pet's Name: ______________________ ☐ Dog ☐ Cat ☐ Other __________

Sex: ☐ M ☐ F Age: _____ Birthdate: ____________ Breed: ______________

Color: ____________ Neutered/Spayed: ☐ Yes ☐ No At what age? __________

What age was pet obtained? _______ From: ☐ Friend ☐ Breeder ☐ Pet Shop ☐ Humane Society ☐ Other __________

Reason for obtaining pet (check all that apply) ☐ Companion ☐ Protection ☐ Breeding ☐ Show ☐ Other ______________

What do you feed your pet? (food brand): ______________________

Any history of medical problems with your pet? __________________

List your pet's current medication: ______________________

Is your pet current on heartworm preventative? ☐ Yes ☐ No

Please check any symptoms or problems you've noticed with your pet:

☐ Appetite Loss	☐ Gagging	☐ Sneezing
☐ Behavioral Changes	☐ Gums Bleeding	☐ Thirst
☐ Breathing Problems	☐ Limping	☐ Urination Increase
☐ Coughing	☐ Loss of Balance	☐ Vomiting
☐ Depression	☐ Scooting	☐ Weakness
☐ Diarrhea	☐ Scratching	☐ Other: ________
☐ Eye Disorders ________	☐ Shaking Head	☐ Other: ________

Pet's History (check all that pet has received)

☐ Distemper	☐ Feline Leukemia Test	☐ Prior Surgery: _____
☐ Parvovirus (Dog)	☐ FVRCP (Infectious Disease-Cat)	☐ Prior Illness: ______
☐ Rabies (Dog/Cat)	☐ Dental	☐ Other: ________

Previous Vet Name: ______________________________

Authorization

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 the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) ____________________ *Date* _____