



### How did you hear about us?

Neighbor / Friend (Name) \_\_\_\_\_  
Another Vet (Name) \_\_\_\_\_  
Internet Search (i.e., Google, Yelp, etc.) \_\_\_\_\_  
Website \_\_\_\_\_ The MTM Shopper \_\_\_\_\_  
Direct Mailer / Postcard \_\_\_\_\_ Exterior Sign \_\_\_\_\_

### NEW CLIENT / PATIENT INFORMATION

Client Name \_\_\_\_\_ Spouse / Other \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work / Cell \_\_\_\_\_  
Email \_\_\_\_\_ Spouse / Other Email \_\_\_\_\_

### PET INFORMATION

Pet Name \_\_\_\_\_ Cat / Dog (*circle one*) Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed / Neutered? \_\_\_\_\_  
Last Vet / Animal Hospital \_\_\_\_\_

### VACCINE HISTORY

#### DOG

DHLP-P \_\_\_\_\_  
RABIES \_\_\_\_\_  
KENNEL COUGH \_\_\_\_\_  
LYME \_\_\_\_\_

#### CAT

FVRCP-P \_\_\_\_\_  
RABIES \_\_\_\_\_  
LEUKEMIA \_\_\_\_\_

#### LAB TEST (S)

FECAL \_\_\_\_\_  
HEARTWORM TEST \_\_\_\_\_  
FeLV/FIV TEST \_\_\_\_\_

What type of heartworm preventative is pet on? \_\_\_\_\_

What type of flea preventative is pet on? \_\_\_\_\_

COMMENTS \_\_\_\_\_

### PRACTICE PHILOSOPHY

Thank you for choosing Hamilton Mill Animal Hospital. We are a full service hospital. Our philosophy is to practice quality veterinary medicine. Our fees are based on our cost to provide this type of service. There will be a \$4.00 set up fee per pet. We do not bill. We accept cash, checks, VISA, MasterCard, Discover, American Express, and Debit.

I accept responsibility for payment for each visit.

Signature \_\_\_\_\_

Date \_\_\_\_\_