



WELCOME to Spring Hill Veterinary Clinic

DATE: _____

NAME: _____ SPOUSE'S/PARTNER NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

TELEPHONE NUMBER: _____ COUNTY: _____

PRIMARY E-Mail ADDRESS: _____

EMPLOYER: _____ SPOUSE'S/PARTNER EMPLOYER: _____

ADDRESS: _____ ADDRESS: _____

TOWN: _____ ZIP: _____ TOWN: _____ ZIP: _____

TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____

****Are you a senior citizen (65+)? If yes please enter your DOB (we need ONLY for Rabies tag paperwork to the county): _____**

****WHAT PET INSURANCE DO YOU HAVE? _____**

PREFERRED METHOD OF PAYMENT: () CHECK () CASH () CHARGE () DEBIT CARD () CARE CREDIT
****NO CHECKS ON 1ST VISIT****

PET'S NAME: _____ AGE: _____ BREED: _____

COLOR: _____ SEX: () FEMALE () MALE () SPAYED () CASTRATED

PREVIOUS SIGNIFICANT MEDICAL HISTORY: _____

IS PET ON ANY CURRENT MEDICATIONS? _____

ANY DRUG SENSITIVITY OR PHYSICAL ABNORMALITIES? _____

PREVIOUS VETERINARY HOSPITAL: _____

CURRENT ON VACCINATIONS? () YES () NO () NOT SURE

OTHER QUESTIONS:

1) HOW DID YOU FIRST HEAR ABOUT US? _____

2) WOULD YOU LIKE A CLINIC TOUR IF TIME PERMITS? () YES () NO
(If YES then let our receptionist know)

3) PLEASE LIST ANY OTHER PETS IN THE HOUSE: