Thank you for giving Foxwood Animal Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following information.

Owner Information

Date:_____

Name_____ **Spouse's Name**_____
Address_____ **City**_____ **State**_____ **Zip**_____
Home Phone_____ **Work Phone**_____ **Cell Phone**_____
Emergency Contact_____ **Email Address**_____
For check writing purposes, Driver's License #_____ **Date of Birth**_____
How did you become aware of our clinic? _____
Personal Recommendation (whom may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Patient Information

	Pet #1	Pet #2	Pet #3
Name	_____	_____	_____
Breed	_____	_____	_____
Approx. Age	_____	_____	_____
Color	_____	_____	_____
Sex (circle)	(Male or Female)	(Male or Female)	(Male or Female)
(circle)	(Neutered or Spayed)	(Neutered or Spayed)	(Neutered or Spayed)

Please check (☒) any symptoms or problems that you have noticed about your pet.

- ☐ Behavior Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Bulging or Bloodshot
- ☐ Gagging
- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst and/or Urination Increased
- ☐ Vomiting
- ☐ Weakness
- ☐ Other _____

Any previous serious illnesses or surgeries? _____

_____

Any allergies to vaccinations or medication? _____

_____

Is your pet on any special diets or medications? _____

_____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner_____ **Date**_____