

Cope Creek Animal Hospital

New Client/ Pet Form

Pet Owner 's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Spouse or Co-Owner _____ Work Phone _____
Emergency Contact _____ Home Phone _____
How did you hear about Cope Creek Animal Hospital? _____ Email _____
Referred by _____ Employment _____

Payment expected upon completion of services

Method of Payment Cash Check Visa Mastercard
American Express Care Credit
Hospitalization may require a deposit DL # _____

Are there other pets in your household? YES NO

If yes, please indicate quantity below:

Dogs ___ Cats ___ Birds ___ Reptiles ___ Ferrets ___

Other (Please specify) _____

Pet Information

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Female Spayed YES NO

Male Neutered YES NO

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Medical Records

Name of hospital where they can be obtained

Vaccination History

(indicate the date (month/year) your pet received the following vaccinations)

Canine Distemper / Parvo _____

Leptospirosis _____ Lyme _____

Feline Distemper _____ Bordetella _____

Rabies _____ Feline Leukemia _____

Other _____ Describe Other _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? YES NO

Dental Care

Do you brush your pet's teeth? YES NO

Date of last dental cleaning? _____

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES NO

If yes, Daily _____ Monthly _____ Brand _____

Microchip Identification # _____

Has your pet bitten before?

