

LAURELHURST VETERINARY HOSPITAL

Patient Name:		Client:	
Nick Name(s):		Pet Insurance Name & ID:	
Name/Phone of Previous Vet::			
How & when did you obtain your dog?			
Patient Information			
Species:	Gender:	Alteration Date:	Birthdate or Age:
Breed & Color:			Microchip ID:
Environment/Lifestyle			
Type & Amount of Food:			Any Treats?
My companion enjoys: (circle one) <i>Camping</i> <i>Birding</i> <i>Swimming</i> <i>Other:</i>			
Does your dog socialize with other dogs?		Do you use a flea and/or heartworm preventative?	
How would you describe your relationship with your dog?			
Please note any concerns and/or questions you would like to address at this visit:			
Medical History			-- SECTION BELOW FOR OFFICE USE ONLY--
Heartworm Testing? Other Labs?			Vaccine History
Please describe any previous medical events/diagnosis:			DH(L)PP
			BORDETELLA
			RABIES:
			Chart Review Checklist
<p>All fees are due at the time services are rendered. To prevent the spread of infectious diseases, all hospitalized patients must be current on vaccines. Your signature below authorizes this level of preventative care, and authorizes any related charges.</p> <p>I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the veterinarian to examine, prescribe medicine for, or treat the above animal and I assume full responsibility for all charges in doing so.</p>			Welcome Form Previous Records Patient Alerts Patient Reminders Letter to DVM Letter Mailed Review Complete
Signature of Client			Today's Date

