

LAURELHURST VETERINARY HOSPITAL

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|--|-------------------|---------------------------------|--|---|--------------|------------------|----------------|-------------------|---------------|---------------|-----------------|
| Patient Name: | | Client: | | | | | | | | | |
| Nick Name(s): | | Pet Insurance Name & ID: | | | | | | | | | |
| Name/Phone of Previous Vet:: | | | | | | | | | | | |
| How & when did you obtain your pet? | | | | | | | | | | | |
| Patient Information | | | | | | | | | | | |
| Species: | Gender: | Alteration Date: | Birthdate or Age: | | | | | | | | |
| Breed & Color: | | | Microchip ID: | | | | | | | | |
| Environment/Lifestyle | | | | | | | | | | | |
| Type & Amount of Food: | | | Any Treats? | | | | | | | | |
| My companion enjoys the following activities: | | | | | | | | | | | |
| Does your companion socialize with other pets? | | Do you use a flea preventative? | | | | | | | | | |
| How would you describe your relationship with your pet? | | | | | | | | | | | |
| Please note any concerns and/or questions you would like to address at this visit: | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Medical History | | | -- SECTION BELOW FOR OFFICE USE ONLY-- | | | | | | | | |
| Laboratory Tests? | | | Vaccine History | | | | | | | | |
| Please describe any previous medical events/diagnosis: | | | | | | | | | | | |
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| | | | 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> | | | | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Welcome Form</td> <td style="width: 50%;">Previous Records</td> </tr> <tr> <td>Patient Alerts</td> <td>Patient Reminders</td> </tr> <tr> <td>Letter to DVM</td> <td>Letter Mailed</td> </tr> <tr> <td>Review Complete</td> <td></td> </tr> </table> | Welcome Form | Previous Records | Patient Alerts | Patient Reminders | Letter to DVM | Letter Mailed | Review Complete |
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| Patient Alerts | Patient Reminders | | | | | | | | | | |
| Letter to DVM | Letter Mailed | | | | | | | | | | |
| Review Complete | | | | | | | | | | | |
| Signature of Client | | Today's Date | | | | | | | | | |

