ALWAYS HELPFUL VETERINARY SERVICES
305 Nottingham Road
Nottingham, PA 1936
Phone 717-529-0526 Fax 717-529-0776
www.judithshoemaker.com

NEW Patient Information (*Small Animal*)

Owner:_____ Date: _____

A. Signalment

1. Registered Name:_____

2. Nickname:_____

3. □Neutered Male □Spayed Female □Male □Female

4. Date of Birth _______________ (*if unknown - give best approx. date and/or year)*

5. Species (*circle one*)

Dog Cat Other_____

6. Breed:_____

7. Color:_____

8. Markings:_____

9. Weight:____ **10.** Height:_____

11. Registration #:_____

12. Tattoo #:_____

13. Microchip? □ Yes □ No

14. Animal's Insurance Information

Person responsible for account

Name:_____

Relation to client:_____

Billing Address:_____

_____

_____

Insured's Name:_____

_____

Insurance Company Name:

_____

Co. Address:_____

_____

Co. Phone:_____

Type of Coverage:_____

Policy #_____

Group #_____

B. Other Information

1. Use/Occupation/Favorite Activities:_____

2. Habits/Vices:_____

3. What is the reason for this visit? _____

C. Medical Information & History

1. Vaccination History:
(*Please include the dates, types of vaccines, and <u>any</u> reactions; also titers if taken.*)

_____

_____

2. Deworming History & Heartworm Prevention:
(*Please include the dates, chemical used, and any reactions.*)

_____

3. Dentistry: (*please include dates, frequency of care, and any abnormalities.*)

_____

(SEE OTHER SIDE)

4. How frequently are your pet's nails trimmed? Do you have any difficulty with this procedure?

_____

5. Describe what your animal eats and drinks, and any changes in the last six months (*Brand, amount and frequency of feed, type of dishes, water source*.)

_____

_____

_____

6. Any medications or supplements? List substances, brands, and dosages (*past and present.*)

_____

_____

7. Describe where and how your animal lives, exercises, and sleeps.

_____

8. Type of collar, harness, other clothing.

_____

9. Training History (*type, duration, any significant occurrences - positive or negative.*)

_____

10. Briefly describe your animal's personality and disposition (*note any changes and when occurred.*)

_____

11. Please list approximate dates and describe any history of injury, illness, or emotional disturbance.

a. Injuries: (*including falls, lamenesses, wounds, head trauma, fractures, surgery, surgical implants or orthopedic hardware*.)

_____

_____

_____

b. Illnesses: (*including GI upset, respiratory disease, cancer, allergy, thyroid disease, hormonal dysfunction, urinary problems, heart disease, infections*.)

_____

_____

_____

c. Emotional Disturbances: (*behavioral problems, fears, phobias, aggression, emotional trauma*.)

_____

_____

_____

(SEE OTHER SIDE)

D. Diagnostic Information

1. Does your animal have previous blood work? (*If significant, please arrange for us to have a fax or copy of bloodwork for our records*.)

_____

2. Does your animal have previous radiographs? (*If so, owner must request that they be sent to us*.)

_____

E. Additional Observations or Concerns

Please include anything that comes to mind, whether you think it is significant or not.

_____

_____

_____

F. Other Veterinarian(s):

Name:	_____	Name:	_____
Hospital Name:	_____	Hospital Name:	_____
Address:	_____	Address:	_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____

G. Other Therapist(s):

Name:	_____	Name:	_____
Address:	_____	Address:	_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____

H. Alerts - Current or Previous

□ Bites □ Pulls on leash □ Runs Away

□ Dog / Cat / Human Aggressive:_____

□ Allergies

Medications:_____

Supplements: _____

Foods:_____

Cancellation fee will apply if not given 24 hours notice (Lg./ $100, Sm./ $25.)