

ALWAYS HELPFUL VETERINARY SERVICES

305 Nottingham Road

Nottingham, PA 1936

Phone 717-529-0526 Fax 717-529-0776

www.AlwaysHelpfulVeterinaryServices.com

NEW Patient Information (Small Animal)

Owner: _____ Date: _____

A. Signalment

1. Registered Name: _____

2. Nickname: _____

3. Neutered Male Spayed Female Male Female Date of Spay/Neuter: _____

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

Insurance Company Name:

Name: _____

Relation to client: _____

Co. Address: _____

Billing Address: _____

Co. Phone: _____

Type of Coverage: _____

Insured's Name: _____

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 any 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.)

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

(SEE OTHER SIDE)

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: _____

• Medical Records Release Authorization *

I, the owner of or agent for the animal(s) named above, hereby authorize Always Helpful Veterinary Services to release copies or summaries of the medical records to other requesting veterinarians' actively treating the above-named animal(s). **Yes** ____ **No** ____

Signature

Date

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