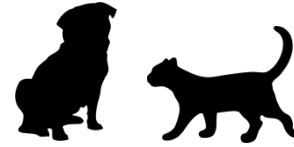




# Welcome to Flossmoor Animal Hospital



Thank you for giving us an opportunity to care for your pet.



Please complete the following so that we can better care for you and your pet:

Mr./Mrs./Ms./Dr. \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Owner's First Name \_\_\_\_\_ Spouse \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Cell \_\_\_\_\_  
 Phone (spouse's work) \_\_\_\_\_ Cell (spouse's) \_\_\_\_\_  
 Email \_\_\_\_\_ Social Security No. (If paying with check) \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us?

- Friend's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- Phone Book \_\_\_\_\_
- Location \_\_\_\_\_
- Internet \_\_\_\_\_
- Other \_\_\_\_\_

Pet's Name	Breed	M/Female	Color	Birthday Day/Month/Yr.	Spayed/ Neutered	Date of last Vaccines	Where
1. _____	_____	_____	_____	_____	Y or N _____	_____	_____
2. _____	_____	_____	_____	_____	Y or N _____	_____	_____
3. _____	_____	_____	_____	_____	Y or N _____	_____	_____

To provide you and your pet with the best possible care and customize your pet's health needs, we have a few specific medical questions:

Does your pet have any of the following symptoms?

- Loose Stools
- Vomiting
- Coughing
- Heavy Breathing
- Sneezing
- Eye Discharge
- Itching
- Hair Loss
- Fleas or Ticks
- Skin Growths
- Bad Breath

- Does your pet drink more water than a year ago? Yes No
- Have you noticed changes in pet's sleep habits? Yes No
- Does your pet have trouble with stairs or stiffness? Yes No
- What food is your pet on? \_\_\_\_\_ Brand? \_\_\_\_\_
- How much do you feed your pet? \_\_\_\_\_ Cups How often? \_\_\_\_\_
- Do you give your pets any supplements? Yes No
- Do you give your pets any vitamins? Yes No
- Do you brush your pet's teeth? Yes No
- Is your pet currently protected from heartworms? Yes No
- Is your pet currently on a flea and tick preventative? Yes No
- How often do you bathe your pet or trim nails? \_\_\_\_\_
- Does your pet have a microchip? Yes No
- If yes Microchip Number \_\_\_\_\_

Does your pet exhibit any of the following behaviors?

- Unwanted aggression
- Excessive barking
- Marking
- House-soiling
- Other \_\_\_\_\_

How would you prefer to pay for your services today? (circle) Cash Check Visa/MasterCard/Discover Care Credit

**ALL FEES ARE DUE WHEN SERVICES ARE RENDERED.**  
**THANK YOU FOR YOUR COOPERATION IN THIS MATTER.**  
**CREDIT CARDS OR CARE CREDIT ARE ACCEPTED FOR THOSE INTERESTED IN DELAYING PAYMENT.**