Brenham Veterinary Hospital

Visit Form

If you are new to our hospital, please fill out the form completely. <u>If you have visited us before, you do not need to fill out the contact information unless anything has changed</u>. Thank you!

Date _____

Name _____ Spouse's Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place Of Employment _____ Spouse's Work Phone _____

E-Mail Address _____ Can we e-mail you about events or discounts? Yes No

Best way to contact you: Phone Text E-mail

Emergency Contact _____ Phone _____

Driver's License # _____ D.O.B. _____

How did you become aware of our clinic? Drove By Phone Book Internet Search Other_____

Personal Recommendation *(Whom may we thank?)* _____

How do you plan on paying today? Cash Check Credit Card (we accept Visa, MC, Discover and AMEX)

We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that **payment is due when services are rendered**. Please feel free to ask for an **estimate** prior to us providing services. If at any time you are not satisfied with our service, please let us know. We will be happy to answer your questions.

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:

Pet's Name: _____

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
- ☐ Other _____

Does your pet drink more water than a year ago? Yes No
Have you noticed changes in your pet's sleep habits? Yes No
Does your pet have trouble with stairs or stiffness? Yes No
What kind of food does your pet eat? _____
How much do you feed your pet? _____Cups per day Don't Know
Do you give your pet any supplements? Yes No
Do you give your pet any vitamins? Yes No
What percentage is your pet _____Indoors _____Outdoors
Do you perform any dental care for your pet? Yes No
Does your pet currently take a monthly heartworm pill? Yes No
Is your pet currently on a flea and tick preventative? Yes No
Does your pet have a tattoo or microchip? Yes No
If yes, Microchip Number_____
Tattoo Number/Symbols_____
If no, are you interested in having a microchip placed? Yes No

Client Signature: _____ Date: _____

WELCOME TO OUR HOSPITAL

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