



# Welcome to South Shore Animal Hospital

## Client

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

### How did you hear about us?

Online reviews/ Social Media/ Website

Walking/ Driving By

Previous Client

Referred by (please give name) \_\_\_\_\_

### Emergency Contact:

Spouse

Relative

Friend

Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact # \_\_\_\_\_

## Pet Info

Canine

Feline

Name: \_\_\_\_\_ Sex:  Male  Female  Spayed/Neutered

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Color: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

List of any medications pet is currently on:

Heartworm: \_\_\_\_\_ Flea/Tick: \_\_\_\_\_

Other: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Medical History:

Hyper/Hypothyroidism

Cushing's Disease

Addison's Disease

Seizure Disorder

Diabetes

Heart/Kidney/Liver Disease

Other \_\_\_\_\_