



Welcome to Fort Hunt Animal Hospital

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill in this form completely.

Thank you.

Client Registration

Name (Last, First): \_\_\_\_\_ Date: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Spouse's Name (Last, First): \_\_\_\_\_ SSN: \_\_\_\_\_  
Spouse's Cellular: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact Name (Last, First): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Can this person authorize treatment for your pets? Y or N

How did you learn of our clinic?  
\_\_\_\_\_ Yellow Page \_\_\_\_\_ Sign \_\_\_\_\_ Web  
\_\_\_\_\_ Recommendation \_\_\_\_\_ Client: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

Number of pets:  
\_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other: \_\_\_\_\_

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



## Pet Registration

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Breed: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Color: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Neutered: \_\_\_\_\_ Spayed: \_\_\_\_\_

Vaccination History: \_\_\_\_\_

Please check all symptoms or problems that you have noticed about your pet.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Behavior Problems  | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing           |
| <input type="checkbox"/> Bleeding Gums      | <input type="checkbox"/> Limping          | <input type="checkbox"/> Thirst Increase    |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance  | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Scooting         | <input type="checkbox"/> Vomiting           |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Scratching       | <input type="checkbox"/> Weakness           |
| <input type="checkbox"/> Eye Irritation     | <input type="checkbox"/> Seems Depressed  | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Gagging            | <input type="checkbox"/> Shaking Head     | _____                                       |

Pet's current medications (including heartworm and flea preventative), dosage and frequency of administration:

\_\_\_\_\_

Current diet:

Name: \_\_\_\_\_ Type (dry, canned or both): \_\_\_\_\_  
Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

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I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment:

Cash  Check  MasterCard  Visa  Discover  
 American Express

## Fort Hunt Animal Hospital's Hours of Operation

I have been informed and understand the hours of operation and staffing at Fort Hunt Animal Hospital as stated below:

|                 |                        |                    |
|-----------------|------------------------|--------------------|
| General Hours:  | Monday through Friday: | 7:30 am – 7:00 pm  |
|                 | Saturday:              | 7:30 am – 12:00 pm |
| Doctor's hours: | Monday through Friday: | 9:00 am – 7:00 pm  |
| Drop off times: | Monday through Friday: | 7:30 am – 9:00 am  |
|                 | Saturday:              | 7:30 am – 11:30 am |
| Pick up times:  | Monday through Friday: | 9:00 am – 6:30 pm  |
|                 | Saturday:              | 8:00 am – 11:30 am |

Fort Hunt Animal Hospital is not an emergency care facility and does not provide overnight staffing. Doctors are on duty during doctor's hours only and Technicians are on duty during general hours only.

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_