

# brookstone

animal hospital

## Brookstone Animal Hospital New Client Information      Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Apt # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email Address: \_\_\_\_\_

Grants FREE access to your Pet Portal, an online service where you can check your pet's reminders, request appointments, prescriptions, ask questions, and find informational articles. We will email your Pet Portal Information to you.

Place of employment: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Spouse's Phone \_\_\_\_\_

### How did you learn about our hospital?

Drive By \_\_\_\_\_ Internet Search \_\_\_\_\_ Previous Client \_\_\_\_\_ Personal Recommendation \_\_\_\_\_  
Whom may we thank for the referral? \_\_\_\_\_

May we use your animal's picture on our website and/or on our social media sites? \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate your choice of payment:

Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa/MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_

### Patient Information:

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Sex \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please answer the following questions (Approximate dates are fine.)

Date of last Rabies vaccination: \_\_\_\_\_ Circle:    1 year            3 year  
Date of last fecal exam for parasites: \_\_\_\_\_  
Any previous serious illness or surgeries? \_\_\_\_\_  
Any allergies to vaccinations or medications? \_\_\_\_\_  
Is your pet on any special diets or medications? \_\_\_\_\_

### Please answer the following questions in regards to your DOG.

Date of last distemper/parvo/corona vaccination: \_\_\_\_\_  
Date of last heartworm blood test: \_\_\_\_\_  
Which heartworm preventative do you use? \_\_\_\_\_  
Do you board your dog at a kennel? \_\_\_\_\_  
Date of last Bordetella vaccination: \_\_\_\_\_

### Please answer the following questions in regards to your CAT.

Date of last distemper/rhino/calici/chlamydia vaccination \_\_\_\_\_  
Has your cat ever been tested for Leukemia or feline AIDS? \_\_\_\_\_  
Date of last Feline Leukemia vaccination: \_\_\_\_\_