



1611 North Liberty Street
 Harrisonburg, VA 22802
 (540)434-6331
 www.hahpets.com

Please fill out this form as completely as possible. If you have any questions, we will be glad to assist you. We look forward to working with you in maintaining your pet's health.

PATIENT INFORMATION

Total Number of Pets in Household: Dogs _____ Cats _____ Other (specify) _____

Patient's Name _____ Dog Cat Other _____

Age/Birth Date _____ (Required – if not sure, please approximate) Sex: Male Neutered Female Spayed

Breed _____ Color _____

Diet _____ Current medications _____ Prior Illness/Surgery _____

Check all that pet has received:

- DHLPP (Distemper/Parvo) Heartworm test Bordetella Rabies Feline Leukemia/FIV test (Cat)
- FeIV Vaccine FVRCP (Infectious Diseases – Cat)

Dates: _____

Check any symptoms/problems you have noticed:

- Behavioral Lack of Appetite Sneezing Limping Bleeding Gums Thirst/Increased Urination
- Breathing Problems Loss of Balance Vomiting Coughing Scooting Weakness Diarrhea
- Scratching Gagging Seems Depressed Shaking Head Eyes Bulging/Bloodshot

Reason for pet's visit: _____

COMPLETE BELOW IF MORE THAN 1 PET ONLY:

Patient's Name _____ Dog Cat Other _____

Age/Birth Date _____ (Required – if not sure, please approximate) Sex: Male Neutered Female Spayed

Breed _____ Color _____

Diet _____ Current medications _____ Prior Illness/Surgery _____

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Reason for pet's visit _____

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from external parasites (ear mites/fleas). If it is deemed immediate care is needed in my absence and I am unreachable by phone, I give permission for the veterinarian in charge to make judgments on my behalf. The signature below authorizes this level of care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet _____ Date _____