



HARRISONBURG
— ANIMAL HOSPITAL —

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 _____

Patient's Name: _____ Dog Cat Other

Day of Birth/Approximate Age: _____ Sex: Male Female Altered

Breed: _____ Color: _____

Patient's Current Diet: _____ Any Current medications: _____

Any Prior Illness' or Surgeries: _____

If your pet has been seen at another Veterinarian Clinic, please provide the hospital name and city so we may contact them for the appropriate records:

Clinic Name: _____ City/State: _____

Does your pet or any member of your family have any allergies we should be aware of?

Reason for pet's visit:

COMPLETE BELOW IF MORE THAN 1 PET:

Patient's Name: _____ Dog Cat Other

Day of Birth/Approximate Age: _____ Sex: Male Female Altered

Breed: _____ Color: _____

Patient's Current Diet: _____ Any Current medications: _____

Any Prior Illness' or Surgeries: _____

If your pet has been seen at another Veterinarian Clinic, please provide the hospital name and city so we may contact them for the appropriate records:

Clinic Name: _____ City/State: _____

Does your pet or any member of your family have any allergies we should be aware of?

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.

Client Signature _____ Date _____