

Pfennig Lane Animal Hospital

New Patient & Client Information Sheet

Welcome to Pfennig Lane Animal Hospital. So that we may provide you with exceptional service, please share information about you and your pet(s). Our goal is to provide quality medical care for our patients and peace of mind for their owners in a friendly, caring environment. We are proud to offer veterinary care and boarding for your best friend(s).

PATIENT INFORMATION:

Pet's Name: _____ Species: Dog Cat Other: _____

Breed: _____ Color: _____ Pet's Date of Birth (Month/Day/Year): ___/___/___

Sex: Male Female Neutered or Spayed: No Yes

Reason for bringing your pet in: _____

Does your pet have any allergies, special medications, or health problems that we should be aware of?

No Yes If yes, please explain:

What type of food does your pet eat? Dry Canned other _____ Treats? _____

Does your pet get any table food? No Yes (If yes, how often?) _____

Do you have any other pets? No Yes (If yes, how many): #___ Dogs / #___ Cats /
#___ Other _____

BASIC MEDICAL HISTORY AND DATES OF LAST VACCINATIONS:

Dogs:

DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____ Kennel Cough: _____

Rattlesnake: _____ Lyme: _____ Canine Flu: _____ Heartworm Test: _____

Is your dog on monthly heartworm preventative meds? No Yes

(If yes, which brand?): _____ / Last date given: _____

Is your dog on monthly flea preventative meds? No Yes

(If yes, which brand?): _____ / Last date given: _____

Cats:

FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____

Feline Leukemia: _____ Feline Immunodeficiency Virus: _____

Is your cat on monthly heartworm preventative meds? No Yes

(If yes, which brand?): _____ / Last date given: _____

Is your cat on monthly flea preventative meds? No Yes

(If yes, which brand?): _____ / Last date given: _____

Does your cat go outside? No Yes

When were the most recent vaccinations given?

Who is your veterinarian? _____ Phone no.: () _____

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: __ Zip Code: _____

Home Phone No.: () _____ Cell No: () _____

Email Address: _____

How did you hear of us?

Referred by a friend - Whom may we thank?

Referred by a veterinarian - Whom may we thank?

Referred by a previous client of PLAH - Whom may we thank?

Drove by and saw PLAH sign Website (www.PLAH.com) Yelp Yellow Pages

Payment is expected when services are rendered. For your convenience we accept cash, check, MasterCard, Visa, and Discover.