

Welcome



To Duluth Animal Hospital!

Please verify the following information :

Your Name _____ Your pet's name _____
Your Phone Number _____ Pet Breed _____
Alternate Number _____ Spayed or Neutered? _____
Your Address _____ Color _____
Birthdate or Age _____
E-mail Address _____

** Your email address gives you access to our online Patient Portal. Here, you can find your pet's medical records, refill prescriptions, make appointments, and contact us.*

Your Pet's Medical History :

Yes No Does your pet swim or drink from lakes or streams?
Yes No Is your pet currently on any medications/supplements? _____
Yes No Has your pet had a past reaction to any medications, vaccines, or anesthesia? _____
Yes No Does your pet have any medical conditions/chronic diseases? _____
Yes No If feline, does your cat spend time outside? (This includes balconies, screened porches, etc)
Yes No May we use your pet's photo on our social media/website?

When was your pet's last dose of Heartworm Prevention given? _____
When was your pet's last dose of Flea Prevention given? _____

How did you hear about us? _____

If by recommendation, whom may we thank? _____

I authorize the veterinarian to examine, prescribe medications for, or treat my pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that full payment (Cash, American Express, Visa, Mastercard, Discover, or Care Credit) is due when services are rendered.

Signature : _____ Date : _____

We strive to provide excellent and personalized care to you and your pet.

Thank you for trusting Duluth Animal Hospital with your pet's needs.

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