

Shorewood Animal Hospital, SC
2500 E. Capitol Drive
Shorewood, WI 53211
414-962-6662
www.shorewoodanimalhospital.com
shorewoodanimal@wi.rr.com

Thank you for giving the Shorewood Animal Hospital the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date _____

Mr. Mrs. Ms. Dr.

Owner _____

Mr. Mrs. Ms. Dr.

Spouse/Co-Owner _____

Other adults allowed to make financial/medical decisions _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Preferred # _____

E-mail _____

Place of Employment _____ Work Phone _____ Ext _____

If necessary may we call you at work? Yes No Occupation _____

Spouse/Co-Owner Employer _____ Work Phone _____ Ext _____

If necessary may we call you at work? Yes No Occupation _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

Yellow Pages Hospital Sign Other (please specify) _____

Humane Society Personal Recommendation (who may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. For your convenience we accept the following forms of payment: Cash Check Mastercard/Visa/Discover

So that we are able to suit your individual needs- which do you feel most applies to you?

1. I feel that my pet is another member of the family.

2. I feel that my pet is just a pet.

1. I want the best medical care available for my pet, please recommend anything that you feel is necessary for good health.

2. I want good medical care for my pet, but there is a limit to what I am able to have done.

3. I want to perform only the services I request.

1. I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.

2. I would prefer you just summarize what has been done for my pet or what is needed.

3. I want my pet healthy, but don't need to know what has been done.

1. I prefer to be present when my pet is examined and treated.

2. I would rather not see my pet examined or treated.

If your pet is found by someone, may we release your information to that person to help ensure a speedy homecoming? Yes No

ANIMAL MEDICAL HISTORY (Please complete all information for each pet)

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, etc...)			
Breed			
Description (color)			
Date of Birth or Approximate Age			
Sex (Specify if Spayed or Neutered)			
Pet Origin (i.e. pet store, breeder) & Length of Time Owned			
Does your cat go outdoors?			
HEALTH HISTORY (please state date given for vaccinations)			
DHPP (distemper combo-dog)			
Leptospirosis (dog)			
Lyme (dog)			
Bordetella (dog)			
Heartworm Blood Test (dog)			
Rabies (cat/dog)			
FVRCP (respiratory combo-cat)			
Feline Leukemia Vacc. (cat)			
Feline Leukemia Test			
Fecal (intestinal parasites-dog/cat)			
Significant Medical Problems			
Any known drug allergies/reactions?			

Are any of the following a concern to you in your pet's behavior? Please check any that apply.

Fear of thunder/loud noises
 Biting
 Shedding
 Straying from home
 Housebreaking
 Problem around children
 Excessive itching/scratching
 Wetting/spraying in house
 Overly rambunctious/enthusiastic
 Unsocial with other pets/people

Signature (Must be 18 or older)_____