

VETERINARY HOSPITAL of Oak Ridge

Welcome. Thank you for trusting us with the care of your pet(s).
Please tell us about yourself and your pet by completing the following:

Client Information (Owner)

Name _____

Address _____

City _____ State _____ Zip code _____

Email address (for reminders) _____

Phone (home) _____ (Cell) _____ (Work) _____

Patient Information (Pet)

Name _____ Date of Birth or approximate age _____

Species (please check) Dog Cat Other _____

Breed _____ Color _____

Sex (please check): Male Neutered Female Spayed

Vaccine History: Current Unsure Overdue

Heartworm prevention? Yes No Type: _____

Flea/tick prevention? Yes No Type: _____

Is your pet on a special diet? Yes No What do you currently feed: _____

How did you hear about us? _____

What is the nature of your visit/describe why your pet is being seen with us _____

Please check any symptoms or problems you have noticed:

Behavior problems Diarrhea Loss of balance Scratching Weakness

Breathing problems Eye/Ear Problems Limping Sneezing Vomiting

Change in appetite Change in water consumption Other _____

I consent to text/photo messages/updates while my pet is at the office Yes No Phone: _____

I will allow my pet's picture to be shared on social media by the Veterinary Hospital of Oak Ridge: Yes No

Signature: _____ Date _____

