



Welcome to Animal General!

Thank you for giving us the opportunity to care for your pet.

Date: _____
Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Contact Number : (____) _____ Alternate Number: (____) _____
Co-Owner or Other Responsible Party: _____
Emergency Contact Name: _____ Phone: (____) _____
How did you learn of our hospital? Yellow Pages Sign Other Online
If recommended, by whom? _____
Number of Pets (please specify type): _____
Email Address: _____

Pet Information & Health History

Pet's Name: _____ Age or DOB: _____ Dog/Cat: _____
Breed: _____ Color: _____ Sex: Male Female
Neutered/Spayed: Yes No
Current medications your pet is taking if any: _____
Primary reason for visit: _____
Symptoms your pet is demonstrating:
 Appetite Loss Diarrhea Loss of Balance Thirst
 Behavioral Changes Eye Disorders Scooting Urination Increase
 Breathing Problems Gagging Scratching Vomiting
 Coughing Gums Bleeding Shaking Head Weakness
 Depression Limping Sneezing Other: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that all professional fees are due at the time services are rendered.

Signature of responsible party _____ Date: _____

Social Media Consent

We here at Animal General are very proud of our patients and we like to show it! We use Facebook and Instagram to stay connected with our clients and show off our amazing patients. If you are okay with us sharing your companion's photos and experiences here at the hospital, please sign again below!

Signature of responsible party _____ Date: _____