

CLEARVIEW VETERINARY HOSPITAL, INC.

Janet T. Tosh D.V.M.
4407 Veterans Memorial Boulevard
Metairie, Louisiana 70006
(504) 456-0240

Thank you for giving Clearview Veterinary Hospital, Inc. the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

MR. _____
MRS. OWNER(S) _____ SPOUSE'S _____
DR. _____ LAST FIRST INITIAL LAST FIRST INITIAL
MS. _____

ADDRESS _____
STREET APT CITY STATE ZIP CODE

RESIDENCE PHONE _____ WORK PHONE _____ SPOUSE'S WORK PHONE _____

E-mail address _____

Cell Phone _____ Spouse's Cell Phone _____

PLACE OF EMPLOYMENT _____ / _____
EMPLOYER TITLE

ADDRESS _____

SPOUSES'S PLACE OF EMPLOYMENT _____ / _____
EMPLOYER TITLE

ADDRESS _____

IF NECESSARY, MAY WE CALL YOU AT WORK? YES NO

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? YELLOW PAGES
 HOSPITAL SIGN INTERNET OTHER, SPECIFY _____

PERSONAL RECOMMENDATION-WHO MAY WE THANK? _____
NAME

All fees are due upon release of patient. Please indicate your choice of payment.

Cash Check Driver's License # _____ MC/VISA/AMEX DEBIT CARD

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

Check One

- (1) I feel that my pet is another member of our family.
(2) I feel that my pet is just a pet.

Check One

- (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 you to perform only the services I request.

Check One

- (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.

Check One

- (1) I prefer to be present when my pet is examined and treated.
(2) I would rather not see my pet examined and treated.

WOULD YOU LIKE US TO KEEP YOU INFORMED ABOUT PROCEDURES
TO LENGTHEN YOUR PET'S LIFE? YES NO

How old was your pet when you acquired it? _____
 How many hours is your pet outside each day? _____
 What is the best time to reach you at home? _____
 What prior illness or surgery should we know about? _____

PET INFORMATION (Please fill in the following for each pet)

	PET 1	PET 2	PET 3
NAME			
CAT, DOG (CIRCLE)			
BREED			
COLOR			
DATE OF BIRTH OR AGE			
SEX			
NEUTERED/SPAYED			

DATES VACCINATED

DHLP (Dog)			
PARVOVIRUS (Dog)			
FVRCP (Cat)			
RABIES (Both)			
FELEUK VACCINE (Cat)			
HEARTWORM TEST			
FECAL CHECK (Worms)			
DENTISTRY			
FELEUK TEST (Cat)			
FIV TEST (Cat)			
ON HEARTWORM PREV..WHAT KIND			
DIET			
FLEA CONTROL PRODUCTS			

Is your pet currently on a special diet or medication? What? _____
 What health care or grooming products are you currently using? _____
 List any known drug allergies. _____

If it is necessary to collect unpaid fees for services rendered to the patient, I agree to pay collection agency fees, legal counsel fees, and/or court costs.

Date: _____ Signed _____