

Fall River Veterinary Hospital

Thank you for entrusting the care of your animal(s) to FRVH. So that we can better serve you please complete the following:

NEW CLIENT INFORMATION

YOUR NAME _____ FARM/ RANCH _____
LAST, FIRST, MI

HOME ADDRESS _____ CITY _____ STATE ____ ZIP _____

HOME PHONE _____ CELL PHONE _____

BIRTHDATE _____

DRIVER'S LICENSE # _____ EXPIRATION
DATE _____

YOUR EMPLOYER _____ WORK PHONE _____

Email _____

BUSINESS ADDRESS _____

EMERGENCY MESSAGE PHONE (someone not living with you) _____

SPOUSE'S NAME _____

BIRTHDATE _____

SPOUSE'S EMPLOYER _____ CELL PHONE _____

AUTHORIZED AGENT _____

☐ FOR THE SAFETY OF HOSPITALIZED PETS AND OUR STAFF, A **PROOF OF CURRENT RABIES VACCINATION IS REQUIRED** AND OTHER CORE VACCINES ARE RECOMMENDED FOR HOSPITALIZATION.

☐ FELINE CORE- PANLEUKOPENIA, RHINOTRACHEITIS, CALICIVIRUS.

☐ CANINE CORE- PARVO, DISTEMPER, ADENOVIRUSES

PAYMENT

☐ **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE WILL GLADLY PREPARE A WRITTEN TREATMENT ESTIMATE. CASH, CHECK, CREDIT CARD (Visa, MasterCard, Discover) OR CARE CREDIT ARE ACCEPTED. THERE WILL BE A \$20.00 DOLLAR SERVICE CHARGE FOR ALL RETURNED CHECKS.**

☐ **I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED DURING THE CARE OF MY PET(S)/ ANIMAL(S) AND I UNDERSTAND THAT VETERINARY TREATMENT CANNOT GUARANTEE A SUCCESSFUL OUTCOME OR CURE.**

THE SIGNATURE BELOW INDICATES ACKNOWLEDGEMENT & UNDERSTANDING OF THE ABOVE TERMS.

SIGNATURE OF OWNER OR AGENT _____ DATE _____

Fall River Veterinary Hospital

P.O. Box 1110

Fall River Mills, CA 96028

Ph. (530) 336-5528 Fax (530) 336-5529

Risk Assessment

Last Name/Pet's Name _____ Date _____

Living conditions (circle one) – Indoor only Outdoors only Indoor/Outdoor

Exposure to other domestic animals/wildlife/boarding/groomers (choose one):

Never Occasional Often

Special Conditions (circle any that may be applicable)

Pregnant/Nursing Show/Working Dog/Cat Stray

Does your pet have any allergies? _____

If so, what to _____

Does your pet have a chronic condition/ disease? _____

If so, what type _____

Does your pet take any medication on a regular basis? _____

If so, what type _____

Does your pet take heartworm prevention - yearly or semi annually? _____

When was the last heartworm/Leukemia test? _____

What heartworm preventative does your pet use? _____

Has your pet ever missed a heartworm dose by more than 2 weeks? _____

Has your pet ever become sick after receiving a vaccination? _____

Does your pet have access outside water sources (ponds, puddles, water bowls, etc.)? _____

Has your pet had difficulty with weakness, getting up or imbalance? _____

If so, for how long? _____

Has your pet experienced any of the following since the last visit?

Coughing/Gagging _____ How Long? _____

Diarrhea/Constipation _____ How Long? _____

Sneezing/Snorting _____ How Long? _____

Vomiting _____ How Long? _____

How is your pet appetite? Normal Increased Decreased

How is your pet water intake? Normal Increased Decreased

How is your pet urination? Strained Normal Increased Decreased

Is your pet's weight - Normal Increased Decreased

If other than normal, for how long? _____

Does your pet exhibit any of the following behaviors?

Separation anxiety? _____

Fear? _____

Aggression? _____

PET INFORMATION

	Pet # 1	Pet # 2	Pet # 3
Name			
Breed			
Color			
Sex			
Spayed/Neutered			
Birthdate			

CANINE VACCINE HISTORY

DA2PP			
Lepto			
Borrelia (Lyme Disease)			
Rabies			
Bordetella (Kennel Cough)			
Heartworm Test			

FELINE VACCINE HISTORY

FVRCP			
FELV			
FELV/FIV TEST			

Are any of your pets currently taking medication or on special diets? If yes, what type?

Do any of your pets have any chronic medical problems?

How did you hear about us? Referral? Yellow Pages?

If referred, whom can we thank for referring you to us?

Do you have pet insurance?