



# EAST LONGMEADOW ANIMAL HOSPITAL

Owner \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you find us? \_\_\_\_\_

Name of pet \_\_\_\_\_ Dog Cat Female Male Altered

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_

Vaccination History (we will help you with this information) \_\_\_\_\_  
\_\_\_\_\_

Reason for Visit \_\_\_\_\_

Circle any of the symptoms or problems that you have noticed about your pet

**Behavior problems**

**Lack of Appetite**

**Shaking Head**

**Bleeding gums**

**Limping**

**Sneezing**

**Breathing problems**

**Loss of Balance**

**Thirst and/or Urine Increased**

**Coughing/Gagging**

**Scotting**

**Vomiting**

**Diarrhea**

**Scratching**

**Weakness**

**Eye bulging or bloodshot**

**Seems Depressed**

**Other**

Any other problems? \_\_\_\_\_

Pet's current meds \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_

I hereby authorize the veterinarians at ELAH 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 these charges will be paid at the time of release and that a deposit may be required.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Method of payment: Cash \_\_\_\_\_ Debit Card \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Visa \_\_\_\_\_ Care Credit \_\_\_\_\_ Amex \_\_\_\_\_