



# Seven Hills Animal Hospital

*Caring for Animals for 25 Years!*

Phone: (434) 237-6631

## WELCOME TO OUR PRACTICE

### Owner Information

Owner ( Dr. Mr. Mrs. Ms.): \_\_\_\_\_ SSN or DL # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County (req'd): \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Email me reminders about my pet (vaccinations, wellness checkups, etc.)

Email me news & updates from Seven Hills (news, changes, promos, adoptions, etc.)

Please note our website:  
[www.SevenHillsAnimalHospital.com](http://www.SevenHillsAnimalHospital.com)

### Spouse/Other's Information

Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

### How did you learn of our practice? (please check all that apply)

Yellow Pages     Humane Society     Referral     Other \_\_\_\_\_

Outdoor Sign     Chamber of Commerce    Whom may we thank for recommending our practice?

Newspaper     Website

### Pet Information

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?

\_\_\_\_\_  Dog  Cat \_\_\_\_\_  M  Y  N

\_\_\_\_\_  Other \_\_\_\_\_  F If Yes, when? \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_ Color/Distinctive Markings: \_\_\_\_\_

\_\_\_\_\_

Continued on other side

## Pet Health History

**Does your pet have any chronic health problems we should know about?  
(Kidney disease, heart conditions, arthritis, diabetes, (etc.))**

Please describe: \_\_\_\_\_  
\_\_\_\_\_

**Is your pet currently on medication or a special diet?**

Please describe: \_\_\_\_\_  
\_\_\_\_\_

**Has your pet's behavior changed in any way? (please check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sleeping More | <input type="checkbox"/> Foul Breath             | <input type="checkbox"/> Coughing or Sneezing            |
| <input type="checkbox"/> Drinking More | <input type="checkbox"/> Increased Irritability  | <input type="checkbox"/> More Frequent Defecation or Gas |
| <input type="checkbox"/> Vomiting      | <input type="checkbox"/> More Frequent Urination | <input type="checkbox"/> Other (Please describe) _____   |
| <input type="checkbox"/> Diarrhea      | <input type="checkbox"/> Loss of Appetite        | _____  |

**When was your pet's last: (please write the date for each)**

Fecal check for intestinal worms? \_\_\_\_\_

Rabies vaccination? \_\_\_\_\_

**Canine (Dog)**

Distemper/Hepatitis/Leptospirosis/  
Parainfluenza/Parvovirus vaccination? \_\_\_\_\_

**Feline (Cat)**

Distemper/Upper Respiratory vaccination? \_\_\_\_\_

Bordetella vaccination? \_\_\_\_\_

Feline Leukemia and/or AIDS test? \_\_\_\_\_

Heartworm check? \_\_\_\_\_

Feline Leukemia and/or AIDS vaccination? \_\_\_\_\_

Has your pet had any other vaccinations not listed here? \_\_\_\_\_

## Other Pets

Pet's Name	Species and Breed	Sex	Spayed or Neutered?	Date of Birth or Age
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N If Yes, when? _____	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N If Yes, when? _____	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N If Yes, when? _____	

Thank you for your help to complete our records. Client agrees to inform Seven Hills Animal Hospital of any change in address or telephone number.

***WE REGRET THAT WE CANNOT EXTEND CREDIT***

Payment is expected at time of service. If this account is assigned for collection to any attorney and/or collection agency, Seven Hills Animal Hospital shall be entitled to all expenses and costs of collection, together with interest at the rate of eighteen percent (18%) per annum on the entire debt (including expenses and costs of collection) from the date the account is assigned for collection.

I have read, understand, and agree to this statement.

Client Signature \_\_\_\_\_