



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

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)	Feline (Cat)
Distemper/Hepatitis/Leptospirosis/ Parainfluenza/Parvovirus vaccination? _____	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 If Yes, when? <input type="checkbox"/> N _____	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y If Yes, when? <input type="checkbox"/> N _____	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y If Yes, when? <input type="checkbox"/> N _____	

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 _____