

# Little House Animal Hospital

## New Client/Pet Form

Pet Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Apt.: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Spouse or Co-Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
How did you hear about Little House? \_\_\_\_\_  
Referred by? (We would like to thank them): \_\_\_\_\_  
Employer: \_\_\_\_\_

### Names and Ages of children living at home:

\_\_\_\_\_  
\_\_\_\_\_

Are there other pets in your household? **YES NO**

*If yes, Please indicate quantity below:*

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Rabbits \_\_\_\_\_

Other (*Please specify*) \_\_\_\_\_

### Pet Information

Pet's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Female Spayed? **YES NO**

Male Neutered? **YES NO**

### Medical Conditions

(Allergies, drug reactions, heart conditions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please Read and Sign Below

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that all fees are due when services are rendered and that a deposit may be required for surgical treatment. I may pay with cash, check, Visa or MasterCard.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Vaccination History

(Please indicate the date your pet had the following vaccinations)

Canine Distemper/Parvo: \_\_\_\_\_

Bordetella: \_\_\_\_\_ Rabies: \_\_\_\_\_

Heartworm Test: \_\_\_\_\_ Fecal: \_\_\_\_\_

Feline Distemper: \_\_\_\_\_ Rabies: \_\_\_\_\_

Feline Leukemia: \_\_\_\_\_

FELV/FIV Test: \_\_\_\_\_

**Medical Records** (name of the hospital where they can be obtained) \_\_\_\_\_  
\_\_\_\_\_

### Nutrition

Dry Brand: \_\_\_\_\_

Canned Brand: \_\_\_\_\_

Amount/Frequency: \_\_\_\_\_

Table Scraps? **YES NO**

### Dental Care

Do you brush your pet's teeth? **YES NO**

Date of last dental cleaning: \_\_\_\_\_

### Heartworm & Flea Preventative

Is your pet currently taking heartworm and/or flea preventative? **YES NO**

If yes, what brand and how often? \_\_\_\_\_  
\_\_\_\_\_

### Microchip Identification #:

\_\_\_\_\_

## Little House Animal Hospital

1109 Battlewood Street

Franklin, TN 37069

(615) 791-9148

littlehouseanimalhospital.com