



About You

YOUR FIRST & LAST NAME _____ CO-OWNER'S FIRST & LAST NAME _____

EMAIL _____ PHONE _____ MOBILE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW DID YOU FIND OUT ABOUT OUR PRACTICE?

CLINIC LOCATION PERSONAL REFERRAL INTERNET SEARCH/WEBSITE YELLOW PAGES CLINIC SIGN NEWSPAPER / PRINT MEDIA

IF PERSONAL REFERRAL, WHO MAY WE THANK FOR THIS REFERRAL?

PLEASE GIVE US ANY OTHER RELEVANT INFORMATION ABOUT YOURSELF OR YOUR FAMILY

About Your Pet

PET'S NAME _____ SPECIES _____ BREED, IF KNOWN _____

COLOR _____ DATE OF BIRTH, OR AGE, IF KNOWN _____ SPECIAL IDENTIFICATION (TATTOO, MICROCHIP, ETC.) _____

SEX: NEUTERED MALE SPAYED FEMALE MALE FEMALE UNKNOWN

PREVIOUS VETERINARY PRACTICE (IF ANY) _____ PREVIOUS VETERINARIAN (IF ANY) _____

DATE OF LAST VACCINES (IF KNOWN) _____ WHAT VACCINES WERE GIVEN AT THIS TIME? _____

IS YOUR PET ON ANY MEDICATION OR SUPPLEMENT? YES NO IF YES, PLEASE LIST: _____

WHAT FOODS DOES YOUR PET EAT? _____

DOES YOUR PET HAVE ALLERGIES OR DRUG REACTIONS? YES NO IF YES, PLEASE LIST: _____

ARE THERE ANY CURRENT OR PAST MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE? _____

PLEASE GIVE US ANY OTHER RELEVANT INFORMATION ABOUT YOUR PET

Social Media Consent: I hereby give Susquehanna Trail Animal Hospital the absolute and irrevocable rights to use my pets name and pictures on the web site and/or social media sites (Facebook, Instagram, etc.) for display, public relations, and marketing. I hereby acknowledge receipt of adequate consideration and waive the right to charge for use of the pictures or to inspect or approve the images prior to any form of usage. I understand that the images may be modified to be used as design elements.

SIGNATURE _____ DATE _____