



Hollybank Animal Hospital

EXCELLENT VETERINARY CARE & SUPERIOR CUSTOMER SERVICE

Please tell us a little about yourself...

Mr. Mrs. Miss. Ms. Dr.

SURNAME _____

FIRST NAME _____ SPOUSE NAME _____

ADDRESS _____

UNIT # _____ CITY _____ POSTAL CODE _____

HOME PHONE # _____ WORK PHONE # _____

EMERGENCY # (CELL PHONE) _____

E-MAIL ADDRESS _____

How did you hear about us? Sign ___ Phone Book ___ Internet ___ Other ___

Referral - Whom can we thank? _____

How do you prefer to be contacted for reminders? Email ___ Phone ___ Letter ___

Now, please tell us a bit about your pet(s)...

NAME _____ SPECIES _____

BREED _____ COLOUR _____

DATE OF BIRTH/APPROX. AGE _____

SEX: Male ___ Female ___ Unknown ___ Is your pet neutered/spayed? YES NO

Previous veterinary hospital name _____

Please list all allergies, diet requirements and specific health concerns.

**WE ACCEPT CASH, VISA, MASTERCARD AND INTERAC PAYMENTS WHEN SERVICES ARE RENDERED.
SORRY NO CHEQUES.**



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Feline Observation Form:

How long has your cat lived with you? _____

How long ago was your cat's last visit to the veterinarian?

___ Less than 1 year ___ 1-2 years ___ 2+ years ___ Never been



Health assessment and vaccination History (mm/dd/yr): _____

Diet fed: Canned _____ Kibble _____

Do any of these situations apply to your cat? Check all that apply:

- ___ Has been tested for FIV and FeLV
- ___ Has been vaccinated for FIV/Felv
- ___ Has been outside unsupervised
- ___ Was in a fight with another cat
- ___ Was exposed to cat(s) with unknown vaccine status
- ___ Was a stray or adopted from a shelter
- ___ Lives in a household with cats with unknown vaccine status
- ___ Lives in a household with a recently adopted or stray cat

Has your cat exhibited any of these clinical symptoms?

- ___ Diarrhea ___ Increased drinking ___ Bad breath ___ Lethargy ___ Weight loss
- ___ Weight gain ___ Vomiting ___ Dandruff ___ Increased appetite ___ Decreased appetite
- ___ Matted fur ___ Skin sores ___ Increased grooming ___ Decreased grooming
- ___ urine outside litter box ___ Defecation outside litter box ___ Decreased jumping up
- ___ Resentment of petting/brushing ___ Decreased vision ___ Vocalization

Do you have pet insurance for your cat? ___ Yes ___ No

Do you have any other pets in the home? ___ Yes ___ No

Name _____ Species _____ Breed _____ Insurance ___ Yes ___ No

Name _____ Species _____ Breed _____ Insurance ___ Yes ___ No

Thank you for choosing us!



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Canine Observation Form:

How long has your dog lived with you? _____

What do you feed your dog? Kibble _____ Can _____ Treats/human food _____

How long ago was your dog's last visit to the veterinarian?

___ Less than 1 year ___ 1-2 years ___ 2+ years ___ Never been



Health assessment and vaccination History (mm/dd/yr): _____

Heartworm/tick disease test history (mm/dd/yr): _____

Name of heartworm/tick disease medication prevention used: _____

Do any of these situations apply to your dog? Check all that apply:

- ___ Goes to boarding facilities/will be going to boarding facilities in future
- ___ Swims, drinks, or lives close by to bodies of water (lakes, rivers, ponds, etc.)
- ___ Goes to cottage or camping
- ___ Lives in a household with a recently adopted or stray dog
- ___ Goes to the groomer
- ___ Hiking and/or walks along wooded trails
- ___ Goes to leash-free parks
- ___ Often comes in contact with unfamiliar dogs

Has your dog exhibited any of these clinical symptoms?

- ___ Fever ___ Diarrhea ___ Coughing ___ Lethargy ___ Increased drinking ___ Decreased drinking
- ___ Weight loss ___ Weight gain ___ Vomiting ___ Increased appetite ___ Decreased appetite
- ___ Urine/stool accidents in house ___ Difficulty getting up ___ Lagging on walk ___ Decreased vision
- ___ Dandruff ___ Skin sores ___ Ear infection ___ Panting ___ Bad breath ___ Decreased hearing

Do you have pet insurance for your dog? ___ Yes ___ No

Do you have any other pets in the home? ___ Yes ___ No

Name _____ Species _____ Breed _____ Insurance ___ Yes ___ No

Name _____ Species _____ Breed _____ Insurance ___ Yes ___ No

Thank you for choosing us!