

Welcome To Cupertino Animal Hospital

The doctor and staff at Cupertino Animal Hospital are glad you and your pet came to see us today. We are committed to keeping you happy and your pet healthy! To help us serve you better, the doctor would like you to take a few minutes to fill out this form.

WE ACCEPT CASH, VISA, MASTERCARD OR DEBIT FOR THE FIRST PAYMENT

Please print clearly.

CLIENT INFORMATION:

Owners Name _____

Spouse's Name: _____

Address Street: _____

City: _____

Zip Code: _____

Home Phone: _____ Work Phone: _____

Drivers License: _____ Date of Birth: _____

E-Mail Address: _____

Your privacy is important to us; we will not give out your email address. We use email as an important tool to communicate with you about your pets' health, send reminders, and seasonal special savings.

How Did You Hear About Us?

So that we may thank someone, how did you hear about us?

Referred by (first/last name) _____

Did you find us online? If so, where did you see us:

Our Website Yelp Google Search Engine Other

PET INFORMATION:

Name: _____ (Dog/Cat/Avian) Breed: _____

Date of Birth: _____ Sex: Male ___ or Female ___

Color: _____ Spayed or Neutered: Yes ___ or No ___

MEDICAL HISTORY:

Please check if your pet has had the following preventative health care services within the last year.

Cats:

- Rabies Vaccine
- Distemper Combo Vaccine
- Leukemia Test
- Leukemia Vaccine
- Dental Exam/Cleaning
- Parasite Fecal Exam
- Regular Teeth Brushing

Dogs:

- Rabies Vaccine
- Distemper Combo Vaccine
- Lymes Vaccine
- Bordetella Vaccine
- Heartworm Test
- Dental Exam/Cleaning

Is your pet currently receiving any medications? Yes or No

If yes, what medication? _____

Does your pet have any known drug allergies? _____

Any previous health problems? _____