



Welcome to Sand Creek Animal Hospital!

Please complete the following form so we can get to know you and your pet better.

Pet's Name _____

Dog Cat Other _____

Breed _____ Color _____

Age (Date of Birth) _____ Sex _____ Neutered/Spayed: yes no (circle one)

Owner's Name: First _____ Last _____

Spouse or Co-Owner Name: First _____ Last _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Primary: _____ (please circle: Home/Cell/Work)

Other: _____ (Home/Cell/Work) Other: _____ (Home/Cell/Work)

E-mail Address (please provide if you would like to receive reminders via e-mail):

Employer: _____

Address: _____

Spouse or Co-Owner's Employer: _____

Address: _____

How did you learn about Sand Creek Animal Hospital? Please circle as many that apply.

Sign Internet Referral T.V. Friend/Neighbor Groomer Pet Store

Other _____

If someone referred you, whom may we thank for recommending our practice?

Sand Creek Animal Hospital
130 Wolf Road
Albany, NY 12205
518-446-9171
www.sandcreekanimalhospital.com

Employee Use Only
Driver's License Number Verified by:
_____ (initials)



Pet Health History: Pet's Name _____

Please provide a copy of your pet's vaccination history if available.

(If you have more than one pet, please complete one of these forms for each pet.)

Does your pet have any chronic health problems we should know about? (Kidney disease, heart conditions, arthritis, allergies, diabetes, etc.)

Please describe: _____

Is your pet currently on any medications or a special diet? Please describe: _____

Has your pet's behavior changed in any way? (Please check as many that apply):

- Sleeping more Foul breath Drinking more Increased Irritability
- More Frequent Urination Loss of Appetite More frequent defecation, diarrhea, or gas

Other: Please describe: _____

Do you have other pets at home? If so, please tell us their names and species:

Pet's Name	Dog	Cat	Other	Sex	Breed	Birth Date
1. _____	___	___	___	M/F	_____	_____
2. _____	___	___	___	M/F	_____	_____
3. _____	___	___	___	M/F	_____	_____

Are there any special health care questions we can help you with today?

Where may we obtain previous medical records? _____

(Please sign a release of records form so that we may obtain these records on your behalf.)

By signing below, I hereby give Sand Creek Animal Hospital permission to use any and all photos of myself, my family, and my pets for internal, external or internet marketing purposes.

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above named pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered.

Signature of Owner _____ **Date** _____