

Jefferson Park Veterinary Clinic

910 Jefferson Boulevard

West Sacramento, CA 95691

(916) 371-9400

Date of Birth _____

Date _____

Name _____
Last First Spouse

Address _____
Street City State Zip

Email _____

Drivers Lic. _____ Expires _____

Home Phone _____ Work Phone _____ Cell _____

Best time to reach you _____ Spouse Work Phone _____ Cell _____

Occupation / title _____
Business Name Address how long?

Spouses Employer _____
Name Address how long?

May we call you at work in an emergency? YES NO

Do you have any form of animal health insurance? YES NO

How did you become aware of our Hospital?

Yellow Pages Hospital Sign New Resident Letter Yelp
Personal recommendation - whom may we thank? _____

Name of last veterinarian? _____ Reason you left _____

How long has it been since your animals last visit? _____

What was he treated for on this visit? _____

Has your pet had any prior illness or surgery that we should know about? _____

Do you want to be present when your pet is examined or treated? YES NO

Has your pet ever had a negative veterinary experience? YES NO

Is your pet currently receiving any medications or on a diet? YES NO

if yes, then what kind? _____

Is your pet sensitive to touch on any part of the body? YES NO

if yes, then where? _____

Does your pet have any known drug allergies? YES NO

if yes, then what drug? _____

Are any of the following a concern to you about your pet's behavior?

Excessive Barking Biting Shedding Straying from home House breaking Smell

Problem around children Excessive itching/scratching Wetting / spraying in house

Overly Rambunctious/overly enthusiastic Other

Have there been any recent changes in your pet's environment? YES NO

Please describe _____

What is the reason for this visit? _____

All fees are due upon release of your pet. Method of payment?

Cash _____ Check _____ Credit _____ Debit _____

(Please turn over)

Pet's Name _____ Species Canine Feline
Breed _____ Sex Female Male
Age at this date _____ Birthday _____
Color _____ Neutered Spayed
Has your pet given birth? Yes No
Date of last booster vaccine _____ Last Rabies _____
Where did your pet get its vaccination _____
Dogs - Date of last Heartworm Test _____ Prevention _____
Cats - Date of last Leukemia Test _____ Prevention _____

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