



Durango Animal Hospital

Thank You for choosing our hospital. To help us give your pet the best care, please take a moment to answer the following questions as completely as possible.

Owner's Information

Pet Owner's and Spouses Name: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: (____) _____ Work: (____) _____

Email Address _____

Emergency Contact Name & Phone: _____

Driver's License #: _____ Date Of Birth _____

How did you hear about us? Please circle one. Website, Directory Plus, Annie's Orphans, Humane Society, Padgie Kimmick (Cat Care TNR), Dex Phone Book, Location, Client _____

Pet Information

Pet's Name: _____ Breed _____ Birthdate _____

Color _____ Female Spayed? Y or N Male Neutered Y or N

Medical Conditions (allergies, drug reactions, heart problems, etc) _____

Behavioral Concerns (house breaking, aggression, destructive behavior, etc) _____

Has your Pet traveled/lived in areas besides Durango? If so, where? _____

Vaccination/Exam History (indicate dates if possible-if you have records with you, please inform the receptionist) _____

Heartworm and/or Flea & Tick Prevention

Is your pet currently on Heartworm Prevention? Yes No Brand? _____

Are you currently using a Flea & Tick Prevention? Yes No Brand? _____

Nutrition

Dry Food Brand _____ Canned _____

Supplements (glucosamine, herbs, vitamin, etc) _____

Dental Care

Do you brush your pet's teeth? Yes No Date of last dental cleaning? _____

We will gladly obtain your pets previous history and records from another Veterinarian office, please provide their name and phone number _____

All fees are Due and Payable at the time of service.

Please let our front desk know if an estimate is needed and we will gladly prepare one for you.

Signature: _____ **Date:** _____

You will be responsible for a fee of \$25.00 for any returned check and \$5.00 for statement Fees.