



Welcome to Olathe Animal Hospital

"We're glad you're here"



Please complete the following so that we can better care for you and your pet :

Today's Date _____

Owner's name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____ Cell _____

Employer _____ Phone(spouse's work) _____

Email _____ Reminders by email? Y N

Driver's License No. _____ Social Security No. _____

In case of an emergency, and you could not be reached, who should we contact?

Name _____ Phone _____

How did you hear about us?

- Friend's name _____
- Phone book (KC) _____ (Olathe SWB) _____ (Other) _____
- Doctor/Hospital _____
- Location _____
- Pet Store _____
- Internet _____
- Other _____

Pet's Name	Breed	M /Female	Color	Birthday Day-Month-Yr	Spayed/ Neutered?	Date of Last Vaccines	Where
1. _____					Y N		
2. _____					Y N		
3. _____					Y N		
4. _____					Y N		

To provide you and your pet with the best possible care and customize your pet's health needs, we have a few specific medical questions:

Does your pet have any of the following symptoms?

- Loose stools
- Vomiting
- Coughing
- Heavy breathing
- Sneezing
- Eye Discharge
- Itching
- Hair Loss
- Fleas or Ticks
- Skin Growths
- Bad Breath

Does your pet drink more water than a year ago? Yes No

Have you noticed changes in pet's sleep habits? Yes No

Does your pet have trouble with stairs or stiffness? Yes No

What food is your pet on? _____ Brand? _____

How much do you feed your pet? _____ Cups How often?

Do you give your pets any supplements? Yes No

Do you give your pets any vitamins? Yes No

What percentage is your pet Indoors Outdoors?

Pet #1 _____

Pet #2 _____

Pet #3 _____

Does your pet exhibit any of the following behaviors?

- Unwanted aggression
- Excessive barking
- Marking
- House-soiling
- Other _____

Do you brush your pet's teeth?

Is your pet currently protected from heartworms?

Is your pet currently on a flea and tick preventative?

How often do you bathe your pet or trim nails?

Does your pet have a tattoo or microchip? Yes No

If yes, Microchip Number _____

Tattoo Number/Symbols _____

How would you prefer to pay for your services today? (circle) Cash Check Credit Card

ALL FEES ARE DUE WHEN SERVICES ARE RENDERED.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

MAJOR CREDIT CARDS ARE ACCEPTED FOR THOSE INTERESTED IN DELAYING PAYMENT.