

## New Client/New Pet Medical Questionnaire

1. Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

How did you find out about our hospital?

Referred Whom may we thank for referring you? \_\_\_\_\_

Sign  Yellow Pages

Internet  Other? \_\_\_\_\_

2. Pet's Name \_\_\_\_\_ (**Canine** or **Feline**)

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: **Male** or **Female** Spayed or Neutered? **Yes** **No**

Date of birth? \_\_\_\_\_

3. Are your pet's vaccinations up to date? **Yes** **No** **Unsure**

4. Is your pet allergic to any vaccinations? **Yes** **No**

If yes, which ones? \_\_\_\_\_

5. If your pet allergic to any foods or medications? **Yes** **No**

If yes, which ones? \_\_\_\_\_

6. Has your pet ever had a seizure? **Yes** **No**

7. Has your pet ever had any behavioral problems? **Yes** **No**

If yes, please explain: \_\_\_\_\_

8. What medications, if any are your pet receiving at this time? \_\_\_\_\_

9. Do you have any other pets? (Please list) \_\_\_\_\_

10. What type of food does your pet eat?

How much per meal? \_\_\_\_\_

11. Reason for today's visit: \_\_\_\_\_

12. How long has this problem been present?

13. Is your pet getting any over the counter medications or supplements? Which ones and how much? \_\_\_\_\_

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**Please circle:**

14. Is your pet:            **indoor**   **outdoor**   **both**
15. Is your pet currently on a heartworm prevention?       **Yes**   **No**  
If yes, which one? \_\_\_\_\_
16. Is a flea/tick control medication used?   **Yes**   **No**  
If yes, which one? \_\_\_\_\_
17. Does your pet visit a groomer/dog park/kennel?   **Yes**   **No**
18. Has your pet shown any of the following symptoms:

Vomiting	<b>Yes</b>	<b>No</b>	Coughing/sneezing/gagging	<b>Yes</b>	<b>No</b>
Shaking	<b>Yes</b>	<b>No</b>	Scratching	<b>Yes</b>	<b>No</b>
Hair loss	<b>Yes</b>	<b>No</b>	Unusual lumps or bumps	<b>Yes</b>	<b>No</b>
Scotting	<b>Yes</b>	<b>No</b>	Bad breath	<b>Yes</b>	<b>No</b>
Unusual discharge	<b>Yes</b>	<b>No</b>	Diarrhea or constipation	<b>Yes</b>	<b>No</b>
Stiffness or pain	<b>Yes</b>	<b>No</b>	Weakness or listlessness	<b>Yes</b>	<b>No</b>
Confusion or disorientation	<b>Yes</b>	<b>No</b>	Decrease responsiveness	<b>Yes</b>	<b>No</b>
Excessive panting	<b>Yes</b>	<b>No</b>	Limping	<b>Yes</b>	<b>No</b>

19. Have any of the following changed?

	Same	Increase	Decreased
Water Intake			
Appetite			
Urination			
Bowel Movements			
Weight			
Activity Level			
Sleep Pattern			

20. Is there any other information you would like to add? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any medical history from previous hospitals with you on your first visit, this will help the doctor to determine the best vaccination and treatment plan for your pet. You may also have your previous hospital fax records directly to us at (301) 441-8956. We look forward to meeting you and your pet!

Thank you for choosing College Park Animal Hospital to care for your pet. We strive to provide the highest quality treatment. The following is a statement of our financial policy. Please read this document very carefully in its entirety and sign below. If you have any questions or concerns about our financial policy, a qualified member of our staff will be happy to discuss your concerns with you.

We will gladly prepare a written estimate if you desire. Fees are to be paid in full at time of service. We accept Visa, MasterCard, Discover, Debit Cards as well as cash and personal checks.

Any balances carried at College Park Animal Hospital will be charged a monthly billing fee and interest on all accounts over 30 days of 1.50% per month, which is an annual percentage rate of 18%. Additional collection fees (30 % of amount due) will be charged if your account is sent to collection. If suit is filed to collect payment you will be responsible for all costs incurred including court costs and reasonable attorney fees (33.3 % of amount due is deemed reasonable). The undersigned agrees that should suit be filed the venue (location of suit) shall be Prince George's County, Maryland, venue in any other counties being hereby waived.

Returned checks are automatically redeposited and there is a fee of \$28.00 for each time the check is returned.

We consider the owner who brings the pet to our office for treatment the responsible party for payment.

I understand there may be a fee charged for an appointment that is missed without notification.

There is a \$0.65 per page fee for copying records. Records will be faxed at no charge.

I the undersigned am also responsible for providing current personal contact information to the hospital.

I grant permission to you or your assignee, to telephone me at home or work or by text message or email to discuss matters related to this form.

I have read and understand as well as agree to the terms of this financial policy.

I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_