

# WELCOME TO COTTAGE GROVE ANIMAL HOSPITAL

Thank you for giving us this opportunity to care for your pet. We will be happy to answer any questions that you may have concerning your pet's health. To insure the best care possible, please fill in this form completely. Thank you, and again Welcome to Cottage Grove Animal Hospital.

## OWNER INFORMATION

Owner:

Address:

City/State/Zip:

Spouse/Other:

E-mail address (for vaccine reminder purposes ONLY):

Primary Phone:

Work Phone:

Cell Phone:

Occupation:

How did you hear about Cottage Grove Animal Hospital?

If recommended, by whom?

Number of pets:

Dogs

Cats

Other

Reason for this visit:

## PET'S HEALTH HISTORY

Pet's Name:

Dog

Cat

Other \_\_\_\_\_

Breed:

Birthday:

Color:

Male  Neutered or  Female  Spayed

Are there any medical conditions that we should be aware of (allergies, seizures, etc...)?

Veterinary hospital with prior medical records:

Cottage Grove Animal Hospital is a payment at time of service facility. Initials \_\_\_\_\_

\*\* Please give vaccination history to a staff member. Thank you.