



# Welcome

We know how important your pets' health is to you. Here at **Big Tujunga Veterinary Hospital**, we appreciate you trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely.

Thank You!

\*Please print clearly in the form below.

Guardian's Name(s) \_\_\_\_\_ Date: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ May we text you?  Yes  No

Secondary Phone: \_\_\_\_\_ May we text you?  Yes  No

Email address \_\_\_\_\_

How did you learn about our hospital?  Sign Outside  Google  Facebook  
 Website  Newspaper  Other: \_\_\_\_\_

If referred, by whom? \_\_\_\_\_

May we contact previous veterinarian for records?  Yes  No

Name of the previous hospital/clinic? \_\_\_\_\_

Reason for upcoming appointment? \_\_\_\_\_

## PET HEALTH HISTORY

Pet's Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

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

Male  Male/Neutered  Female  Female/ Spayed

Please check (✓) any symptoms or problems that you have noticed about your pet:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bleeding Gums      | <input type="checkbox"/> Limping         | <input type="checkbox"/> Shaking Head                      |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Sneezing                          |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Red Eye(s)      | <input type="checkbox"/> Thirst and/or Urination Increased |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Scooting        | <input type="checkbox"/> Vomiting                          |
| <input type="checkbox"/> Gagging            | <input type="checkbox"/> Scratching      | <input type="checkbox"/> Weakness                          |
| <input type="checkbox"/> Lack of Appetite   | <input type="checkbox"/> Seems Depressed | <input type="checkbox"/> Other: _____                      |

Pet's current medications: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_