



Hollybank Animal Hospital

EXCELLENT VETERINARY CARE & SUPERIOR CUSTOMER SERVICE

Please tell us a little about yourself...

Mr. Mrs. Miss. Ms. Dr. Other: _____

SURNAME _____

FIRST NAME _____ SPOUSE NAME _____

ADDRESS _____

UNIT # _____ CITY _____ POSTAL CODE _____

MAIN PHONE # _____ SPOUSE CELL PHONE # _____

EMERGENCY # (CELL PHONE) _____ WORK PHONE # _____

E-MAIL ADDRESS _____

How did you hear about us? Sign Family/Friend Internet Other

Referral - Whom can we thank? _____

How do you prefer to be contacted for reminders? Email Phone

Now, please tell us a bit about your pet(s)...

NAME _____ SPECIES _____

BREED _____ COLOUR _____

DATE OF BIRTH/APPROX. AGE _____

SEX: Male Female Unknown Is your pet neutered/spayed? YES NO

Previous veterinary hospital name _____

Please list all allergies, diet requirements and specific health concerns.

WE ACCEPT CASH, VISA, MASTERCARD AND INTERAC PAYMENTS WHEN SERVICES ARE RENDERED.
SORRY NO CHEQUES.



Feline Observation Form:

How long has your cat lived with you? _____

How long ago was your cat's last visit to the veterinarian?

- Less than 1 year
- 1-2 years
- 2+ years
- Never been



Health assessment and vaccination History (mm/dd/yr): _____

Diet fed: Canned _____ Kibble _____

Do any of these situations apply to your cat? Check all that apply:

- Has been tested for FIV and FeLV
- Has been vaccinated for FIV/FelV
- Has been outside unsupervised
- Was in a fight with another cat
- Was exposed to cat(s) with unknown vaccine status
- Was a stray or adopted from a shelter
- Lives in a household with cats with unknown vaccine status
- Lives in a household with a recently adopted or stray cat

Has your cat exhibited any of these clinical symptoms?

- Diarrhea
- Increased drinking
- Bad breath
- Lethargy
- Weight loss
- Weight gain
- Vomiting
- Dandruff
- Increased appetite
- Decreased appetite
- Matted fur
- Skin sores
- Increased grooming
- Decreased grooming
- Urine outside litter box
- Defecation outside litter box
- Decreased jumping up
- Resentment of petting/brushing
- Decreased vision
- Vocalization

Do you have pet insurance for your cat? Yes No

Do you have any other pets in the home? Yes No

Name _____ Species _____ Breed _____ Insurance Yes No

Name _____ Species _____ Breed _____ Insurance Yes No

Thank you for choosing us!



Canine Observation Form:

How long has your dog lived with you? _____

What do you feed your dog? Kibble _____ Can _____ Treats/human food _____

How long ago was your dog's last visit to the veterinarian?

- Less than 1 year
- 1-2 years
- 2+ years
- Never been

Health assessment and vaccination History (mm/dd/yr): _____

Heartworm/tick disease test history (mm/dd/yr): _____

Name of heartworm/tick disease medication prevention used: _____

Do any of these situations apply to your dog? Check all that apply:

- Goes to boarding facilities/will be going to boarding facilities in future
- Goes to cottage or camping
- Goes to the groomer
- Goes to leash-free parks
- Often comes in contact with unfamiliar dogs
- Swims, drinks, or lives close by to bodies of water (lakes, rivers, ponds, etc.)
- Lives in a household with a recently adopted or stray dog
- Hiking and/or walks along wooded trails



Has your dog exhibited any of these clinical symptoms?

- Fever
- Diarrhea
- Coughing
- Lethargy
- Increased drinking
- Decreased drinking
- Weight loss
- Weight gain
- Vomiting
- Increased appetite
- Decreased appetite
- Urine/stool accidents in house
- Difficulty getting up
- Lagging on walk
- Decreased vision
- Dandruff
- Skin sores
- Ear infection
- Panting
- Bad breath
- Decreased hearing

Do you have pet insurance for your dog? Yes No

Do you have any other pets in the home? Yes No

Name _____ Species _____ Breed _____ Insurance Yes No

Name _____ Species _____ Breed _____ Insurance Yes No

Thank you for choosing us!