



5243 Little Debbie Parkway, Suite 103

Ooltewah, TN 37363

423.591.PETS www.ooltewahvet.com

OWNER INFORMATION

Name: _____

Address: _____ Apt/Unit #: _____

City, State, Zip: _____

Primary Phone/Mobile: _____

Would you like to enroll in text message communication and reminders? YES NO

(This can include communication regarding your pet's appointments, test results and status updates during procedures.)

Secondary Phone: _____

Email Address: _____

Employer: _____

Are you the pet owner? YES NO Are you 18 years of age or older? YES NO

Spouse/Partner Name: _____

*** All above information is kept strictly confidential and is used to ensure that your pet is discharged ONLY to you or your designated agent.**

How did you learn about our practice? (Circle One)

Social Media Community Event Our Website Word of Mouth
Internet Search Already a Client Drive-By Referral (see below) Other

*If you were referred by one of our existing clients, another veterinary hospital or a rescue, please let us know so that we may thank them.

Referred by: _____

PET INFORMATION

Name: _____

Species: Dog Cat Bird Other (please specify): _____

Breed: _____ Color: _____

Sex: Male Female Neutered/Spayed? Yes No

Birthdate: _____ Age: _____

Is your pet allergic to anything that you know of? _____

FLIP PAGE FOR ADDITIONAL INFORMATION

Primary Reason for Visit: _____

List any symptoms or problems you've noticed with your pet:

List any medications/supplements your pet is taking:

Has your pet been diagnosed and/or treated for any major illness(es)? Please Explain.

Vaccination/Wellness History (check all that pet has received)

DOG:	CAT:
Rabies	Rabies
Distemper (DHLPP)	Distemper (FVRCP)
Bordatella (Kennel Cough)	Feline Leukemia/FIV test
Heartworm Test	Feline Leukemia Vaccine (FELV)
Intestinal Parasite Screen	Intestinal Parasite Screen
Canine Influenza	

Is your pet on regular heartworm prevention? YES NO

Name of prevention: _____

Do you use external parasite (flea/tick) control? YES NO

Name of parasite control: _____

Do you have pet insurance? YES NO

____ (initial) We want to make your pet Facebook Famous or the next Instagram Influencer! Does Ooltewah Veterinary Hospital have your consent to take photographs of you and/or your pet and share the images and you pet's story on our social media and marketing materials for such purposes as publicity, illustration or advertising?

____ (initial) I hereby grant Ooltewah Veterinary Hospital, its representatives and employees, permission to share my pet's full medical records with any and all animal boarding, grooming, and/or medical facilities as needed and/or requested.

I authorize the veterinarians and staff of Ooltewah Veterinary Hospital to examine, prescribe for and treat the above described pet. I am 18 years of age or older. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature of client responsible for pet: _____ Date: _____