

EL TORO ANIMAL HOSPITAL

23162 EL TORO FRONTAGE RD.
LAKE FOREST, CA 92630
PHONE: (949) 837-5222

NAME: _____ DATE: _____

LAST FIRST

ADDRESS: _____

STREET CITY STATE ZIP CODE

RESIDENCE PHONE: _____ WORK PHONE: _____

EMPLOYMENT: _____

NAME ADDRESS PHONE

DRIVERS LICENSE _____ SSN# _____

EMAIL ADDRESS _____

SPOUSE: _____ WORK PHONE: _____

DOES YOUR PET HAVE HEALTH INSURANCE? YES NO _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? _____

	PET #1	PET #2	PET #3
PET'S NAME			
SPECIES (CAT, DOG, ETC.)			
BREED			
COLOR			
DATE OF BIRTH			
GENDER			
IS YOUR PET ON ANY FLEA CONTROL? IF SO, WHAT BRAND?			
IS YOUR PET ON ANY HEARTWORM CONTROL? IS SO, WHAT BRAND?			
IS YOUR PET ON ANY PRESCRIPTION MEDICATION? IF SO, WHICH ONE(S)?			
DOES YOUR PET HAVE ANY ALLERGIES THAT YOU KNOW OF?			
HAS YOUR PET HAD ANY PRIOR ILLNESS OR SURGERY?			
WHAT KIND OF FOOD DO YOU FEED YOUR PET?			
HOW MANY HOURS A DAY IS YOUR PET OUTSIDE?			
WHEN WAS YOUR PET LAST EXAMINED BY A VETERINARIAN?			

ARE ANY OF THE FOLLOWING A CONCERN TO YOU IN YOUR PET'S BEHAVIOR?

(PLEASE CHECK THE APPROPRIATE BOXES TO ALL THAT APPLY)

EXCESSIVE BARKING	BITING	SHEDDING
STRAYING FROM HOME	HOUSE BREAKING	SMELL - MOUTH ODOR/BODY ODOR
PROBLEM WITH CHILDREN	EXCESSIVE ITCHING/SCRATCHING	WETTING/SPRAYING IN THE HOME

PLEASE GIVE THE RECEPTIONIST YOUR PET'S VACCINATION RECORDS TO BE COPIED.

PLEASE REMEMBER: ALL FEES ARE DUE UPON RELEASE OF THE PATIENT,
WE ACCEPT CASH, PERSONAL CHECKS, AND CREDIT CARDS.