

Jefferson Park Veterinary Clinic

910 Jefferson Boulevard

West Sacramento, CA 95691

(916) 371-9400

Date of Birth _____

Date _____

Name _____
Last First Spouse

Address _____
Street City State Zip

Email _____

Drivers Lic. _____ Expires _____

Home Phone _____ Work Phone _____ Cell _____

Best time to reach you _____ Spouse Work Phone _____ Cell _____

Occupation / title _____
Business Name Address how long?

Spouses Employer _____
Name Address how long?

May we call you at work in an emergency? YES ☐ NO ☐

Do you have any form of animal health insurance? YES ☐ NO ☐

How did you become aware of our Hospital?

Yellow Pages Hospital Sign New Resident Letter Yelp
Personal recommendation - whom may we thank? _____

Name of last veterinarian? _____ Reason you left _____

How long has it been since your animals last visit? _____

What was he treated for on this visit? _____

Has your pet had any prior illness or surgery that we should know about? _____

Do you want to be present when your pet is examined or treated? YES ☐ NO ☐

Has your pet ever had a negative veterinary experience? YES ☐ NO ☐

Is your pet currently receiving any medications or on a diet? YES ☐ NO ☐

if yes, then what kind? _____

Is your pet sensitive to touch on any part of the body? YES ☐ NO ☐

if yes, then where? _____

Does your pet have any known drug allergies? YES ☐ NO ☐

if yes, then what drug? _____

Are any of the following a concern to you about your pet's behavior?

- ☐ Excessive Barking ☐ Biting ☐ Shedding ☐ Straying from home ☐ House breaking ☐ Smell
☐ Problem around children ☐ Excessive itching/scratching ☐ Wetting / spraying in house
☐ Overly Rambunctious/overly enthusiastic ☐ Other

Have there been any recent changes in your pet's environment? YES ☐ NO ☐

Please describe _____

What is the reason for this visit? _____

All fees are due upon release of your pet. Method of payment?

Cash _____ Check _____ Credit _____ Debit _____

(Please turn over)

Pet's Name _____ Species _____ Canine ☐ Feline ☐
Breed _____ Sex _____ Female ☐ Male ☐
Age at this date _____ Birthday _____
Color _____ Neutered ☐ Spayed ☐
Has your pet given birth? Yes ☐ No ☐
Date of last booster vaccine _____ Last Rabies _____
Where did your pet get its vaccination _____
Dogs - Date of last Heartworm Test _____ Prevention _____
Cats - Date of last Leukemia Test _____ Prevention _____

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