

# 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 <input type="checkbox"/>	Feline <input type="checkbox"/>
Breed _____	Sex _____	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Age at this date _____	Birthday _____		
Color _____	Neutered <input type="checkbox"/>	Spayed <input type="checkbox"/>	
Has your pet given birth? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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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