



**Animal Health Clinic of Funkstown
NEW PET FORM**



PET'S INFORMATION

Please give any previous records to the receptionist so we may copy them for our records.

Pet's Name: _____ **Age/Birthdate:** _____

Dog Cat Other _____ **Breed:** _____
 Male Neutered Female Spayed

Color(s): _____ **Distinguishing Markings:** _____

Has your pet had any of the following: Allergies Heartworm disease Lyme Disease Kidney issues
 Liver issues Glaucoma Fleas or ticks Heart disease Feline Leukemia FIV Parvo disease
 Other _____

Current Medications: Interceptor or Heartgard Frontline Plus Advantage (Multi, Advantix, Advantage II)
 Rimadyl PPA OTC vitamins Joint supplements OTC pain medication
 Other _____

Is your pet current on their rabies? YES NO **Expiration Date:** _____

Is your pet microchipped? YES NO **Microchip Number (if known):** _____

Pet Insurance Company _____ **Policy Number** _____

AUTHORIZATION

I hereby authorize Animal Health Clinic to examine, prescribe for and treat my pets. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be due at the time of release and that a deposit may be required for surgical treatment or hospitalization. *We will gladly prepare a written estimate for your pet's care at any time. Just ask one of our staff members.*

Method of payment: cash    check 

Signature of responsible party _____