



SKY CANYON
VETERINARY HOSPITAL

Client and Patient Information Form

CLIENT INFORMATION

Date: _____

Owner Name: _____ Co-Owner Name: _____

Owner Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Do you want access to our client website? **Yes / No**

Emergency Contact: _____

If you were referred by a client, please tell us who so we may thank them! _____

Do you have pet insurance? **Yes / No** What is your policy number? _____

PATIENT INFORMATION

Patient Name: _____ Species: _____

Breed: _____ Gender: **Female / Male** Color: _____

Date of Birth/Approximate Age: _____ Is your pet spayed / neutered? **Yes / No / Unsure**

Has your pet been to another veterinarian? **Yes / No** If so, where? _____

DIET AND ENVIRONMENT

What food does patient currently eat? _____ Amount & Frequency? _____

Is your pet on any dietary supplements? **Yes / No** If so, what kind and what dosage? _____

Does your pet consume table food? **Yes / No** Please explain... _____

Is your pet primarily indoor or outdoor? _____

Are there any other animals in the household? **Yes / No** _____

REVIEW OF SIGNS

Has your pet exhibited any attitude or behavior change? **Yes / No** Please explain... _____

Has your pet ever had seizures? **Yes / No** Please explain... _____

Any recent appetite changes? **Yes / No** Please explain... _____

Does your pet have any exercise intolerance? **Yes / No** Please explain... _____

Has your pet had changes in urination? **Yes / No** Please explain... _____

Any recent weight changes? **Yes / No** Please explain... _____

Has your pet been vomiting? **Yes / No** Please explain... _____

Has your pet had any diarrhea? **Yes / No** Please explain... _____

Has your pet been coughing? **Yes / No** Please explain... _____

Has your pet been sneezing? **Yes / No** Please explain... _____

Has your pet exhibited any signs of lameness? **Yes / No** Please explain... _____

Does your pet have difficulty rising after lying down? **Yes / No** Please explain... _____

Has your pet been itching? **Yes / No** Please explain... _____

Has your pet had any recent hair loss? **Yes / No** Please explain... _____



Does your pet have any growths on body? **Yes / No** Please explain..._____

Does your pet have any discharge from nose, eyes, vulva, etc.? **Yes / No** Please explain..._____

PAST HISTORY

Has your pet had any prior illnesses, accidents, or surgeries? **Yes / No** Please explain..._____

Is your pet aggressive or fearful around strangers? **Yes / No** Please explain..._____

Is your pet on heartworm, flea/tick preventatives, or any other medication? **Yes / No** Please explain..._____

Does your pet have any known allergies to any medications? **Yes / No** If yes, please list..._____

Has your pet ever had a reaction to any vaccines? **Yes / No** If yes, please list and explain..._____

OFFICE POLICIES

To allow for ample time for all patients and surgical procedures, Sky Canyon Veterinary Hospital operates primarily by appointment. We also are available to see Walk-Ins and Emergencies, however, these services may be subject to a higher fee schedule. As such, we request all our clients be on time for scheduled appointments and procedures.

For your convenience, we can accept drop offs for exams, surgeries, etc. To ensure that we have the space to accommodate your pet, we request you make arrangements for this in advance. There may be a ward occupancy fee associated with drop off cases.

For your protection, and that of others, pets should be properly restrained by a leash or carrier upon arrival.

If you must cancel an appointment we ask for 24 hours' notice. For surgical appointments we ask for 48 hour cancellation notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

We accept cash, debit, or credit cards as well as checks. There is a \$25 fee for any returned checks. We also offer Care Credit financing to help make the highest quality care accessible to all our patients.

Sky Canyon Veterinary Hospital would be more than happy to fill your prescriptions or have your food orders ready for pick-up. Please call ahead with enough notice and we will have your order ready when you arrive. We also offer an online pharmacy. Medications and food can be delivered to your home address at your convenience.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal.

I understand that payment is ALWAYS DUE IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment.

We love social media! Do we have your permission to share your pet's image and story on our social media, website, and other forms of related media? Your name and personal information will never be shared. **Yes / No**

Owner's Signature: _____ **Date:** _____