



# Somers Veterinary Hospital

63 South Road  
Somers, CT 06071

We would like to thank you for giving us this opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date\_\_\_\_\_

Owner's Name\_\_\_\_\_ Spouse/Other\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip/PC\_\_\_\_\_

Home Telephone\_\_\_\_\_ Work Telephone\_\_\_\_\_

Children(first name and ages)\_\_\_\_\_

Employer's Name and Address\_\_\_\_\_

Spouse's/Other's Employer and Address\_\_\_\_\_

At what time\_\_\_\_\_ and at what phone number\_\_\_\_\_ is best to call  
about your pet?

In case of an EMERGENCY, please call\_\_\_\_\_ at phone number\_\_\_\_\_

Has your pet been treated for any illness in the past year? ☐ Yes ☐ No

Specify problem(s), medication and dosage, if known\_\_\_\_\_

How did you first hear of our hospital? ☐ Yellow Pages ☐ Other\_\_\_\_\_

☐ Individual we may thank?\_\_\_\_\_

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES I authorize the doctor to provide vaccines and parasite control as needed for my pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical or medical treatment.

SIGNATURE OF RESPONSIBLE PARTY\_\_\_\_\_

If you pay by check or credit card, please complete the following(if state law allows):

Credit card\_\_\_\_\_ Acct. #\_\_\_\_\_ Exp. Date\_\_\_\_\_

Driver's License Number\_\_\_\_\_ State\_\_\_\_\_

COMMENTS:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Pet Health History

## Pet No. 1

Name \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_

Sex \_\_\_\_\_ Altered or Spayed? \_\_\_\_\_ Length of time owned \_\_\_\_\_

Has your pet been to a vet before? ☐ yes ☐ no

If yes, where? \_\_\_\_\_

Do you have your pet's medical records with you? ☐ yes ☐ no

If no, please sign below if you would like to grant us permission to contact your pet's prior veterinarian and acquire those records.

Signature \_\_\_\_\_

## Pet No. 2

Name \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_

Sex \_\_\_\_\_ Altered or Spayed? \_\_\_\_\_ Length of time owned \_\_\_\_\_

Has your pet been to a vet before? ☐ yes ☐ no

If yes, where? \_\_\_\_\_

Do you have your pet's medical records with you? ☐ yes ☐ no

If no, please sign below if you would like to grant us permission to contact your pet's prior veterinarian and acquire those records.

Signature \_\_\_\_\_

## Pet No. 3

Name \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_

Sex \_\_\_\_\_ Altered or Spayed? \_\_\_\_\_ Length of time owned \_\_\_\_\_

Has your pet been to a vet before? ☐ yes ☐ no

If yes, where? \_\_\_\_\_

Do you have your pet's medical records with you? ☐ yes ☐ no

If no, please sign below if you would like to grant us permission to contact your pet's prior veterinarian and acquire those records.

Signature \_\_\_\_\_