Welcome

Loudon County Animal Hospital

To ensure the best possible care for your pet, please take the time to fill in this form completely. Each visit please indicate anything that has changed since the last time we saw you and your pet, so that we can better understand your pets needs and inform you of any important news regarding your pet's care.

Owner's Name_____Today's Date_____

Address_____City_____Zip_____

Home Phone_____Work Phone_____Cell_____

E-mail address_____ (this may be used to update you in the event of a drug or pet-food recall, and in the future vaccine reminders.)

Previous Veterinary Clinic/ Veterinarian:_____

Referred to us by:_____

Please Describe all Other Animals in Your Household_____

Your Pet's History

Today, the reason for your visit?_____

Pet's Name_____ Age/Birthday_____

Dog/Cat_____Male/Female_____ Is your pet fixed?_____

Breed_____Color_____Weight_____

Vaccinations:_____Medications_____ Your Pet's Diet _____

Symptoms: CHECK ALL THAT APPLY

- ☐ Bad Breath
- ☐ Behavior Problems
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Problems
- ☐ Limping
- ☐ Not Eating
- ☐ Scratching/Itching
- ☐ Scooting
- ☐ Shaking Head
- ☐ Urination Problems
- ☐ Vomiting
- ☐ Losing or Gaining Weight
- ☐ Check Mass /Knot
- ☐ Rash
- ☐ Wound
- ☐ _____
- ☐ _____
- ☐ _____

By signing below, I acknowledge that the above stated information is true and correct to the best of my knowledge. I understand that any falsification to the information may delay or even prevent the medical team from caring for my patient. I also understand that **FULL PAYMENT IS EXPECTED AT THE TIME THAT SERVICES ARE RENDERED. I understand that LCAH takes the following forms of payment: Visa, Mastercard, Discover, Amex, Cash, Check and Care Credit.** All returned checks will be charged a returned check fee of $35.00 as of November 1st 2011. I also understand that should controlled medication be prescribed to my pet, LCAH is within their full rights to obtain a copy of my photo identification to keep with my pets medical history. All hospitalized patients that are left behind without prior consent and knowledge from medical team and authorized representative fails to contact LCAH staff within 48 hours of departure will be considered abandoned. At that time LCAH will be considered the owner of the pet and decisions regarding care and life will be left solely to the LCAH Staff while medical expenses and boarding accrued will still be the sole responsibility of the authorizing representative.

X_____[Date]_____