



530 Cross Keys Road
856-875-1323

Sicklerville NJ 08081
fax: 856-875-4437

www.winslowanimalhospital.com

NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Winslow Animal Hospital.

So we may provide you with exceptional service, please share information about you and your pet(s).

PATIENT INFORMATION

Please use back of page for additional pets

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Other _____ Breed _____ Color _____

Pet's Age / Date of Birth _____ # Hours Spent Outside Daily _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No

If yes, please explain: _____

What type of food does your pet eat? _____ canned _____ dry _____ Treats/Vitamins: _____

Reason for today's visit: _____

Date of last Intestinal Parasite Screen (fecal) _____ General Health Screen _____ Dental _____

Vaccination & Testing History: Please note dates of last vaccination if known:

Dogs RABIES: _____ DHLPP (Distemper) _____ Leptospirosis _____

Bordetella (Kennel cough) _____ Other (Specify) _____

Heartworm test: _____ Is your dog on heartworm preventive? Yes No

Cats: RABIES: _____ FVRCP (Distemper): _____ Feline leukemia: _____

Who is your previous veterinarian? _____ Phone (____) _____

CLIENT INFORMATION

First name _____ Last name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Ext _____ Cell (____) _____

E-mail address _____ Employer _____

Preferred method of payment: [] Cash [] Master Card [] VISA [] Check** Over 65? Y N Date of birth _____

**For check writing privileges, please provide: Social Security # _____

and Driver's License # _____ Exp. _____

How did you become aware of Winslow Animal Hospital?

Referred by friend Whom may we thank? _____

Referred by veterinarian Whom may we thank? _____

Drove by Brochure Previous client Website: www.winslowanimalhospital.com

Yellow pages Newspaper ad/article Other _____

I assume responsibility for all charges incurred in care and treatment of said patient(s). I understand payment is expected at the time of service. I verify that all the information provided is accurate.

I authorize Winslow Animal Hospital to release medical information to referral veterinarians, animal shelters or kennels if requested.

Signed _____ Date _____

PER _____

PATIENT MEDICAL HISTORY

Please complete information for all your pets - Thank You!	Pet #2	Pet #3	Pet #4
Pet's Name			
Breed			
Color			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Food) canned or dry	Canned / dry	Canned / dry	Canned / dry
Daily Medications, Vitamins or Treats			
Flea Products / Shampoos Used			
Hours Spent Outside Each Day			
	Please note the dates the following vaccines/tests were given		
Vaccinations	Pet #2	Pet #3	Pet #4
DOGS:			
RABIES			
DHLPP (Distemper / Parvo)			
Leptospirosis			
Bordetella (Kennel Cough)			
Other Vaccines - Please Specify			
CATS:			
RABIES			
FVRCP (Feline "Distemper")			
FELV (Feline Leukemia)			
FIP (Feline Infectious Peritonitis)			
Other Vaccines - Please Specify			
Heartworm Test (Dogs)			
FELV Test or FIV Test (Cats)			
Intestinal Parasite Screen (fecal)			
Dentistry (Approx Date)			
General Health Screen (Approximate)			
Any existing medical conditions? If yes, please explain:			
Reason for today's visit:			