



Welcome to Berkley Animal Hospital

Thank you for giving us the opportunity to care for your pet!
We'll be happy to answer any questions you may have about your pet's health.
To insure the best care possible, please take the time to complete this form.
Thank you!



Pet's Health History

Name of pet: _____
Species: _____
Breed: _____
Birthdate: _____
Microchip #: _____
Sex: _____

Vaccination / Medical History

***Please provide a copy of previous vaccinations and medical record if done elsewhere,
if you cannot provide this information please check which of the following are current.**

DAP (Distemper, Adeno virus, Parvo) _____ LEPTO _____ BORDETELLA (Kennel cough) _____ LYME _____
HEARTWORM TEST _____ HEARTWORM/FLEA PREVENTATIVE _____ INFLUENZA (FLU) _____ RABIES _____
FECAL/GIARDIA _____ FVRCP _____ LEUKEMIA _____ LEUKEMIA/FIV TEST _____

Please check any symptoms or problems that you have noticed about your pet:

Behavior problems Lack of appetite Sneezing Seems Depressed Shaking Head
 Eye Bulging Decreased Play/Activity Slow/Stiff to Rise Jumping Less Bleeding Gums
 Scooting Limping Breathing Problem Loss of Balance Vomiting
 Weakness Coughing/Gagging Diarrhea Scratching Lumps/Bumps
Other _____

Reason for today's visit: _____

List Medication(s) your pet is on: _____

List of any Chronic Conditions: _____

What is your pet's current Diet: _____

Registration / Indicate any change of information:

Owner _____

Street Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail Address _____

Driver's License # _____

Social Security #: _____

Emergency Contact Number _____

Owner D.O.B.: _____

Emergency Contact Name _____

List any person(s) authorized to make medical decisions on your behalf _____

How did you learn about our clinic? Website Referral MJR Cinema Google
 Sign/Road Internet Facebook Other _____

If referred, by whom? _____

Authorization:

I am 18 years of age or older, the owner or agent of the above-described pet(s), and have the authority to execute this consent form. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). 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/medical treatment. A finance charge of 2.0% will be added to any account more than 30 days past due. A fee of \$25.00 will be applied to your account for any returned checks. If we are required to submit your account to a collection agency, a \$25.00 fee will be applied.

Signature _____ Date _____

*Method of payment accepted: Cash, Check, Mastercard, Visa, American Express, Discover and Care Credit