



# The Animal Hospital of Nashua

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Welcome to our practice! Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share with us some important information regarding your pet. Please print in all spaces.

Owner's Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_  
Street City/State Zip

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_ City/Town \_\_\_\_\_

### How did you find our hospital?

- Outdoor Sign
- Online Search
- Website
- Newspaper
- Event
- Notice in Mail
- Groomer, Kennel, Pet Store, Etc. \_\_\_\_\_
- Other \_\_\_\_\_
- From Someone I Know (Whom May We Thank for Your Referral?) \_\_\_\_\_

We will gladly prepare a written estimate of anticipated fees for your pet's care (please ask your doctor or a receptionist). **This will be important because all professional fees are due at the time services are rendered.**

Do you have pet insurance? Yes  No  Name of insurance provider: \_\_\_\_\_

May we post your and/or your pet's picture to our hospital's on-line media platforms? Yes  No

Please circle your preferred form(s) of payment: Cash VISA MasterCard American Express Discover

*To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice. I am the owner of the pet(s) listed here, I am over 18 years of age, and hereby consent to the examination and treatment of these pets by veterinarians at this veterinary practice.*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_



1. Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:  Male  Castrated or  Female  Spayed Microchip ID # \_\_\_\_\_

Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_

Date of last heartworm test \_\_\_\_\_ Name of Heartworm Medication \_\_\_\_\_

2. Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:  Male  Castrated  Microchip ID # \_\_\_\_\_

Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_

Date of last heartworm test \_\_\_\_\_ Name of Heartworm Medication \_\_\_\_\_

**Use reverse for additional pets.**

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Owner's Last Name \_\_\_\_\_

3. Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Castrated \_\_\_\_\_ / Female \_\_\_\_\_ Spayed \_\_\_\_\_ Microchip ID # \_\_\_\_\_  
Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_  
Date of last heartworm test \_\_\_\_\_ Name of Heartworm Medication \_\_\_\_\_
4. Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Castrated \_\_\_\_\_ / Female \_\_\_\_\_ Spayed \_\_\_\_\_ Microchip ID # \_\_\_\_\_  
Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_  
Date of last heartworm test \_\_\_\_\_ Name of Heartworm Medication \_\_\_\_\_
5. Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Castrated \_\_\_\_\_ / Female \_\_\_\_\_ Spayed \_\_\_\_\_ Microchip ID # \_\_\_\_\_  
Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_  
Date of last heartworm test \_\_\_\_\_ Name of Heartworm Medication \_\_\_\_\_
6. Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Castrated \_\_\_\_\_ / Female \_\_\_\_\_ Spayed \_\_\_\_\_ Microchip ID # \_\_\_\_\_  
Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_  
Date of last heartworm test \_\_\_\_\_ Name of Heartworm Medication \_\_\_\_\_
7. Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Castrated \_\_\_\_\_ / Female \_\_\_\_\_ Spayed \_\_\_\_\_ Microchip ID # \_\_\_\_\_  
Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_  
Date of last heartworm test \_\_\_\_\_ Name of Heartworm Medication \_\_\_\_\_