

Fremont Veterinary Hospital

2418 Florence St. * Canon City, CO 81212

Phone (719) 269-3349 * E-Mail fvhospital1@qwestoffice.net * www.fremontvethospital.com



DATE _____ SSN _____

OWNER _____ SPOUSE _____
Last First Last First

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ PHONE _____
Home Work Cell

PLACE OF EMPLOYMENT _____

SPOUSE'S PLACE OF EMPLOYMENT _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? ___ Yellow Pages ___ Clinic Sign ___ Internet

Personal Recommendation from _____

ALL FEES ARE DUE AT THE TIME OF SERVICE. PLEASE INDICATE YOUR CHOICE OF PAYMENT. IF FEES ARE NOT PAID AT THE TIME OF VISIT, A CHARGE OF \$25.00 WILL BE ADDED TO THE BILL.

CASH/CHECK ___ CREDIT CARD ___ CARE CREDIT ___

PATIENT INFORMATION

Name: (1) _____ (1) _____ (1) _____
(2) _____ Birthday or (2) _____ Breed: (2) _____
(3) _____ age: (3) _____ (3) _____

Color: (1) _____ (1) _____ (1) Yes/No
(2) _____ Sex: (2) _____ Spayed/Neutered (2) Yes/No
(3) _____ (3) _____ (3) Yes/No

Vaccination History

Dogs

When was your dog last vaccinated for distemper and parvo?

(1) _____
(2) _____
(3) _____

Is your dog on Heartworm Prevention? _____

Cats

When was your cat last vaccinated for leukemia and distemper?

(1) _____
(2) _____
(3) _____

Is your cat on Heartworm Prevention? _____

Last Rabies given?

(1) _____
(2) _____
(3) _____

Last Heartworm Test? _____

Last Rabies given?

(1) _____
(2) _____
(3) _____

Medical History:

Is your pet on any special diet or medication? _____

List any previous problems that we should know about _____