



All Creatures Health Care

# Market North Veterinary Hospital

Complete Animal Health Care • Grooming Available Luis G. Iturriaga, DVM

5939 Market Ave. N. • North Canton, Ohio 44721 • (330) 499-9571

## Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

### Client Information

Date \_\_\_\_\_ Driver's License # \_\_\_\_\_ Home Phone \_\_\_\_\_

Your Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Last Name First Name Initial

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex:  M  F  Minor  Single  Married  Divorced  Widowed  Separated

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Occupation \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

In case of emergency, who should we contact? \_\_\_\_\_ Phone \_\_\_\_\_

Spouse or Co-owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Sex:  M  F Breed \_\_\_\_\_ Color \_\_\_\_\_

Neutered/Spayed  Yes  No At what age? \_\_\_\_\_

Where did you obtain this pet?  Friend  Breeder  Pet Shop  Humane Society  Other \_\_\_\_\_

At what age was pet obtained? \_\_\_\_\_ mo's/yrs.

For what purposes was this pet obtained?  Companionship  Protection  Breeding  Show  Other \_\_\_\_\_

Diet (kind of pet food) \_\_\_\_\_

**Pet's History** (Check all that pet has received) Previous Veterinarian \_\_\_\_\_

DHLPP (Distemper-Dog)

Heartworm Test (Dog)

Coronavirus (Dog)

Feline Leukemia Test (Cat)

FVRCP (Infectious Diseases-Cat)

Dentistry

FELV (Leukemia-Cat)

Prior Illness \_\_\_\_\_

Rabies (Dog/Cat)

Prior Surgery \_\_\_\_\_

Describe the reason for pet's visit \_\_\_\_\_

### Payment

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment. There will be a service charge for any check returned unpaid.

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 preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_