



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 _____

<input type="checkbox"/> DHLPP (Distemper-Dog)	<input type="checkbox"/> Heartworm Test (Dog)
<input type="checkbox"/> Coronavirus (Dog)	<input type="checkbox"/> Feline Leukemia Test (Cat)
<input type="checkbox"/> FVRCP (Infectious Diseases-Cat)	<input type="checkbox"/> Dentistry
<input type="checkbox"/> FELV (Leukemia-Cat)	<input type="checkbox"/> Prior Illness _____
<input type="checkbox"/> Rabies (Dog/Cat)	<input type="checkbox"/> 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 _____