



DEVRIES ANIMAL HOSPITAL

John A. DeVries, DVM and Associates

THANK YOU FOR GIVING DEVRIES ANIMAL HOSPITAL
THE OPPORTUNITY TO CARE FOR YOUR PET.

PLEASE TAKE A FEW MINUTES TO COMPLETE **BOTH SIDES** OF THIS FORM. (Please print)

OWNER #1 ON RECORD: DATE _____
Mr. _____ OWNER #2 (SPOUSE/CO-OWNER):
Mrs. _____
Ms. _____ Last First Last First
Dr. _____

CHILDREN (Ages): _____ () _____ () _____ () _____ ()

ADDRESS: _____ COUNTY _____
number street city/state zip

E-MAIL (for your pet's reminders): _____

EMPLOYMENT #1 : _____ ADDRESS: _____
employer title/profession city state

EMPLOYMENT #2: _____ ADDRESS: _____
employer title/profession city state

HOME PHONE: () WORK PHONE #1:() WORK PHONE #2:()

CELL PHONE #1: () CELL PHONE #2: () May we call you on your cell phone(s)? #1 - Y / N
#2 - Y / N

If necessary, may we call you at work? Owner #1 YES NO Owner #2: YES NO

How did you become aware of our hospital? Website Hospital sign Facebook Google Other: _____
Other/previous pet seen here Personal recommendation - Who may we thank? _____

SO THAT WE ARE ABLE TO SUIT YOUR INDIVIDUAL NEEDS, WHICH DO YOU FEEL MOST APPLIES TO YOU?

(Please check one choice for each number)

1. a) ☐ I feel that my pet is another member of our family.
b) ☐ I feel that my pet is just a pet.
2. a) ☐ I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
b) ☐ I want good medical care for my pet, but there is a limit to what I am able to have done.
c) ☐ I want to perform only the services that I request.
3. a) ☐ I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet, or what is needed.
b) ☐ I would prefer you just summarize what has been done for my pet or what is needed.
c) ☐ I want my pet to be healthy, but don't need to know what has been done.

Is your pet covered by any sort of pet health insurance? YES NO

How old was your pet when you acquired it? _____ How long have you had your pet? _____

Where did you acquire your pet? Pet Shop Private home Breeder Humane Society/Shelter Other

Is your pet ever boarded? YES NO If yes, where? _____

Is your pet groomed? YES NO By whom? _____ How often? _____

Other pets in the home: # dogs # cats # birds Other (please specify) _____

How many hours is your pet outside per day? 0 hr 0-1 hr 1-3 hr 3-8 hr 8-12 hr 12-24 hr

When outdoors, my pet: Roams free Is on a leash Loose, but under supervision Fenced yard/enclosure

ALL FEES ARE DUE WHEN SERVICES ARE PROVIDED OR UPON RELEASE OF THE PATIENT - CASH, CHECKS, VISA, MASTERCARD AND DISCOVER

528 Spring ■ Elmhurst, IL 60126 ■ (630)833-7387 ■ Fax: (630)833-5227 www.devriesanimalhospital.com

Over please . . .

	NEW PET #1	NEW PET #2
PET'S NAME	<hr/>	<hr/>
BREED	<hr/>	<hr/>
SPECIES (please circle)	Cat / Dog / Other: <hr/>	Cat / Dog / Other: <hr/>
SEX (male / female)	Male / Female	Male / Female
SPAYED/NEUTERED?	Yes / No	Yes / No
DATE OF BIRTH (approximate)	<hr/>	<hr/>
DESCRIPTION: Color	Blk / Brn / Tan / Wht / Grey / Red / Yell / Oran	Blk / Brn / Tan / Wht / Grey / Red / Yell / Oran
Markings	Solid / Striped / Mix / Tabby / Calico / Tortoise	Solid / Striped / Mix / Tabby / Calico / Tortoise
Haircoat	Short / Long / Curly	Short / Long / Curly
Ears	Erect / Floppy / Tipped	Erect / Floppy / Tipped
Tail	Short / Long / Curly	Short / Long / Curly
DECLAWED? (cats only)	Yes / NO Front 2 / All 4	Yes / NO Front 2 / All 4
May we post an image of your pet on our Social Media pages (Facebook/Pinterest/website)? (pet's name & image only- no last name will be used)	Yes / No Please initial: <hr/>	Yes / No Please initial: <hr/>
HAS YOUR PET BEEN VACCINATED WITHIN THE PAST 12 MONTHS?	Yes / No	Yes / No
if yes, please indicate date of last:	<hr/>	<hr/>
RABIES VACCINE	<hr/>	<hr/>
DOG: DHPP vaccine (Distemper/Parvo)	<hr/>	<hr/>
BORDETELLA vaccine (kennel cough)	<hr/>	<hr/>
LEPTOSPIROSIS vaccine	<hr/>	<hr/>
HEARTWORM TEST	<hr/>	<hr/>
CAT: FVRCP (feline distemper)	<hr/>	<hr/>
FELEUK vaccine (feline leukemia)	<hr/>	<hr/>
Has your cat ever been tested for Feline Leukemia?	Yes / No	Yes / No
ALL PETS: Fecal exam	<hr/>	<hr/>
IS YOUR PET ON HEARTWORM PREVENTATIVE?	Yes / No	Yes / No
DIET - Type of food	Dry / Semi-moist / Canned	Dry / Semi-moist / Canned
Brand	<hr/>	<hr/>
MEDICAL HISTORY	<hr/>	<hr/>
MEDICATIONS- ANY ALLERGIES?	<hr/>	<hr/>
VACCINES- any allergic reaction?	<hr/>	<hr/>
Any major illnesses? Please list	<hr/>	<hr/>
	<hr/>	<hr/>
Any major surgeries? Please list	<hr/>	<hr/>
	<hr/>	<hr/>
DATE OF LAST DENTISTRY	<hr/>	<hr/>