

"Welcome to Our Office"

Cleveland Animal Hospital, PLLC
103 S. Watterson Street
Kings Mountain, NC 28086



Please answer all the following questions, to assist us in keeping our records updated.

Today's Date: _____ Driver's License Number & State _____

Name _____ Spouse/other Name _____

Mailing Address _____ County _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Employer _____ Employer Phone Number _____

Emergency Contact _____ Phone _____

Best time to call regarding your pet's care _____ Phone # _____

As a reminder all payments are due at time of service. What is your preferred method of payment today?

Please circle one of the following: Check/Cash VISA MasterCard Discover Amex

Care Credit Account Number _____

How did you hear about us? *Please circle:* Newspaper Drive By Client Referral Social Media

If referral, who shall we thank? _____

Please tell us about the pet we will be seeing today.

Species: Dog Cat Other _____ Pet's Name _____ Age _____

Breed _____ Color _____ Gender: Male or Female

What food does your pet eat? _____ Where does your pet sleep? _____

How much time does your pet spend outdoors? All the Time More than 1/2 Less than 1/2 Almost None

What prior illnesses or health issues has your pet had? _____

Is your pet Neutered or Spayed ? Yes No

If no, do you plan to have it done? Yes No

Did you bring your previous medical records ? Yes No

Does your pet have any drug allergies? Yes No

Is your pet on a preventative program for
controlling external parasites (fleas, ticks, mange)? Yes No

Does your pet visit the groomer or stay at a
boarding facility? Yes No

Has your pet been micro chipped? Yes No

Email _____

I have filled this out to the best of my knowledge and understand that full payment is required/due at discharge.

Signature _____ Date _____

If you have more than one pet to be seen today, please fill out additional pet information on the back of this form.