



Welcome to Berkley Animal Hospital



Thank you for giving us the opportunity to care for your pet!
We'll be happy to answer any questions you may have about your pet's health.
To insure the best care possible, please take the time to complete this form.
Thank you!

Pet's Health History

Name of pet _____ Dog ___ Cat ___
Breed _____ Color _____
Birthdate _____ Male ___ Neutered ___
Microchip # _____ Female ___ Spayed ___

Vaccination / Medical History

***Please provide a copy of previous vaccinations and medical record if done elsewhere, if you cannot provide this information please check which of the following are current.**

DAP (Distemper, Adeno virus, Parvo) _____ LEPTO _____ BORDETELLA (Kennel cough) _____
LYME _____ HEARTWORM TEST _____ HEARTWORM PREVENTATIVE _____
RABIES _____ FECAL/GIARDIA _____ FLEA PREVENTATIVE _____
FVRPCP _____ LEUKEMIA _____ LEUKEMIA/FIV TEST _____

Please check any symptoms or problems that you have noticed about your pet:

___ Behavior problems ___ Lack of appetite ___ Sneezing
___ Bleeding Gums ___ Limping ___ Breathing Problem
___ Loss of Balance ___ Vomiting ___ Coughing/Gagging
___ Increased Thirst/Urinating ___ Scooting ___ Weakness
___ Diarrhea ___ Scratching ___ Lumps/Bumps
___ Seems Depressed ___ Shaking Head ___ Eye Bulging
___ Decreased Play/Activity ___ Slow/Stiff to Rise ___ Jumping Less
Other _____

Reason for today's visit: _____

List Medication(s) your pet is on: _____

List of any Chronic Conditions: _____

What is your pet's current Diet: _____

Registration / Indicate any change of information:

Owner _____ Driver's License # _____
Street Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Emergency Contact Name _____
E-Mail Address _____ Emergency Contact Number _____

List any person(s) authorized to make medical decisions on your behalf _____

How did you learn about our clinic? ___ Website ___ Referral
 ___ Internet ___ Facebook
 ___ MJR Cinema ___ Google
 ___ Sign/Road Other _____

If referred, by whom? _____

Authorization:

I am 18 years of age or older, the owner or agent of the above-described pet(s), and have the authority to execute this consent form. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical/medical treatment. A finance charge of 2.0% will be added to any account more than 30 days past due. A fee of \$35.00 will be applied to your account for any returned checks. If we are required to submit your account to a collection agency, a \$25.00 fee will be applied.

Signature _____ Date _____

*Method of payment accepted: Cash, Check, Mastercard, Visa, American Express, Discover and Care Credit