

WELCOME

TO

DATE

CHART/COMP #

FERGUSON ANIMAL HOSPITAL

Thank you for choosing us to care for your pet.
To better serve you and your pet please fill out this form COMPLETELY

OWNERS INFORMATION

LAST NAME _____ FIRST _____ SPOUSE/OTHER _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 HOME PHONE _____ WORK _____ CELL _____
PLEASE CIRCLE THE NUMBER THAT IS BEST FOR REACHING YOU
 EMPLOYER _____ ADDRESS _____
 DOB _____ SS# _____ DRIVERS LICENSE # _____
 WHO MAY WE CONTACT IN AN EMERGENCY IF UNABLE TO REACH YOU
 NAME _____ ADDRESS _____
 PHONE # 1 _____ 2 _____ 3 _____
 RELATIONSHIP TO THIS PERSON _____

How did you hear about us? _____
 Did someone refer you? If so please let us know their name. _____

FERGUSON ANIMAL HOSPITAL FINANCIAL POLICY
All payments are due at the time of service
 We accept
CASH CHECK VISA MASTERCARD DISCOVER CARE CREDIT
 We accept
VPI Pet Insurance (you pay us they pay you)

AUTHORIZATION

I hereby authorize the Drs and staff of FAH to examine, prescribe for, treat and perform surgery on the pets listed below. I also agree to pay for all services when the patient is discharged or service is otherwise terminated. I agree to pay reasonable costs of collection, attorneys fees and court costs in the event that collection becomes necessary.

X _____ DATE _____
 SIGNATURE OF OWNER OR RESPONSIBLE PARTY

X _____ DATE _____
 WITNESS

Pet Name	Species	Sex

Pet Name	Species	Sex

Ferguson Animal Hospital

NEW EXOTIC PET Information

DATE

LAST NAME

PET INFORMATION

Name _____	Age/DOB _____
Species _____	
Breed _____	Sex _____
When and where did you get this pet? _____	
Is this pet <input type="checkbox"/> CAPTIVE BRED <input type="checkbox"/> WILD CAUGHT <input type="checkbox"/> DON'T KNOW	
Do you own other animals? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes please list
Species _____	How many _____

HOUSING

Describe housing/furnishings _____	
Location _____	
How and when do you clean housing? _____	
Are there other animals in the cage? <input type="checkbox"/> Y <input type="checkbox"/> N	
Species _____	How many _____

CHART/COMP #

PHYSICAL HISTORY

Describe appetite _____	
Are stools normal? <input type="checkbox"/> Y <input type="checkbox"/> N	
If no please explain _____	

LIGHTING

How many lights? _____	Type _____
Location _____	
Time they are ON _____	OFF _____

DIET

Primary source of food _____	
Brand _____	Where purchased? _____
Amount _____	Frequency _____
Greens? _____	Frequency _____
Treats? _____	Frequency _____
Vitamins/mineral supplements? Brand _____	
Amount _____	Frequency _____

HEATING

What is the temperature in the cage? _____	
Is it consistent? <input type="checkbox"/> Y <input type="checkbox"/> N	
What is the source of heat? _____	
Location _____	

MEDICAL HISTORY

Does this pet have any known medical conditions? <input type="checkbox"/> Y <input type="checkbox"/> N	
Diagnosis _____	Date _____
Name of DR _____	
Current medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug _____	Dosage _____ Time _____
Has this pet had a fecal in last 6 months? <input type="checkbox"/> Y <input type="checkbox"/> N	
Has this pet been dewormed in the last 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N	

In your opinion what is your pets current condition? _____	

Date	
Age	
WT	

DO NOT WRITE BELOW THIS LINE