



# Trail Animal Hospital

Miami, FL. 33144  
305-261-0793  
Trailanimalhospital.com

## NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Trail Animal Hospital. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye. We offer veterinary care, and lodging for your best friends.

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### PATIENT INFORMATION

Pet's name: \_\_\_\_\_ Sex:  Male  Female Neutered or spayed?  Yes  No

Species:  Dog  Cat  Bird  Ferret  Reptile  Rabbit  Other \_\_\_\_\_

Pet's Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Reason for bringing pet in: \_\_\_\_\_

Does your pet have any allergies, special medications, or health problems we should know about?  Yes  No

If yes, what? \_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_ Treats? \_\_\_\_\_

### Dates of last vaccinations:

**Dogs:** DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): \_\_\_\_\_ Rabies: \_\_\_\_\_ Fecal: \_\_\_\_\_

Bordetella (Kennel cough): \_\_\_\_\_ Heartworm test: \_\_\_\_\_ Is your dog on heartworm preventives?  Yes  No

**Cats:** FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): \_\_\_\_\_ Rabies: \_\_\_\_\_ Feline leukemia: \_\_\_\_\_

Where were the most recent vaccinations given? \_\_\_\_\_

Who is your previous veterinarian? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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### CLIENT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Spouse first name \_\_\_\_\_ Spouse last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Employer \_\_\_\_\_

For check writing privileges, please provide your Social Security # \_\_\_\_\_ and Driver's License

# \_\_\_\_\_ Exp. \_\_\_\_\_.

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### How did you become aware of our hospital?

Referred by friend Whom may we thank? \_\_\_\_\_

Drove by  Brochure  Previous client  Website, [www.trailanimalhospital.com](http://www.trailanimalhospital.com)

**We appreciate payment when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover, Care Credit and American Express. I verify that all the information provided is accurate.**

Signed \_\_\_\_\_ Date \_\_\_\_\_