

New Patient and Client Information Sheet

Welcome to our practice! For your convenience, you may print and fill out the following form and bring it to your pet's appointment, or fax it to us in advance. You may also email this information to the address listed below!

Skyland Animal Hospital
1588 Patton Avenue
Asheville, NC 28806
(828)-252-8644
fax (828)-251-0657
skylandanimalhospital.com

New Patient and Client Information Sheet

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

Patient Information

Pet's name: _____ Sex: Male ___ Female ___ Neutered/Spayed? Yes ___ No ___
Species: Dog ___ Cat ___ Other (specify) _____
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?

If yes, please describe: _____

What type of food does your dog eat? _____ Treats? _____

Dates of last vaccinations (if known):

DOGS: DA2PP/L (Distemper/Adenovirus/Parainfluenza/Parvovirus/Lepto): _____ Rabies: _____

Kennel Cough: _____ Heartworm Test: _____

Is your dog on heartworm and flea preventative? If so what type? _____

CATS: FVRCP (Rhinotracheitis/calicivirus/panleukopenia): _____ Rabies: _____

Leukemia: _____ Is your cat on heartworm and flea preventative? _____

Where were your most recent vaccinations given, or who is your previous veterinarian? We will be happy to call and obtain your records for you before your visit. _____

Client Information

First name _____ Last name _____

Spouse first name _____ Spouse last name _____

Address _____ City _____ State _____ ZIP _____

Home phone (____) _____ Work phone (____) _____ ext _____ Cell (____) _____

Email address _____ Employer _____

How did you find our hospital?

___ Referred by friend. Whom may we thank? _____

___ Referred by veterinarian. Whom may we thank? _____

___ Drove by ___ Website ___ Previous client ___ Yellow pages ___ Print ad/other

We appreciate payment when services are rendered. For your convenience, we accept cash, check, major credit cards, and Care Credit. I verify that all information provided is accurate.

Signed _____ Date _____
