

Bradford Hills
VETERINARY HOSPITAL 
Pet Hotel & Grooming Salon

Client First & Last Name:

Patient First & Last Name:

Current Address:

Current Phone Number:

Email address:

Reason for Visit: (Describe briefly)

Decreased appetite/drinking? Yes/No

Vomiting or diarrhea? Yes/No

Any vaccine reactions or known allergies? Yes/No

If yes- Please list here:

Any current Medications? Please list below. Do you need any refills? Yes/No

Flea and tick preventative: _____ Do you need any refills?: Yes/No

Heartworm prevention: _____ Do you need any refills?: Yes/No

Lyme positive to your knowledge Yes/No

Current Diet/Any treats _____

Indoor/Outdoor/Both

Chronic Illnesses? _____

Boarding/Daycare/Grooming Yes/No Where? _____

Would it be ok for us to add a picture of your per on our website/social media? No personal information will be shared besides your pet's name)? Yes/No