



Thank you for planning to visit our hospital! We look forward to being able to serve you and hope that you have a great visit with us.

Please take a moment to review and fill out the following information regarding you and your pet in the comfort of your home. This will help us to expedite your time upon check in.

Please call to let our staff know about your upcoming visit and how we might be able to help you. This will allow us to schedule you appropriately. The form may be submitted over the internet or brought in, which ever you may prefer.

If there are any other specific needs or requests you may have, please let us know.

Client Information

Pet Owners Name(s)			
Address			
City		State	Zip
() - Home Phone Number		() - Cell Phone Number	
E-Mail [<i>For Internal use only, reminders and newsletter, not sold or shared</i>]			
Occupation	Employer	() - Work Phone	
Emergency Contact Name	() - phone	e-mail	
Please share how you learn about us? (Referrals receive a thank-you gratuity and are appreciated)			
Are there records at another hospital to be transferred? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, may we contact that hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of previous veterinary hospital		() - phone	

Patient Information

First Pet's Name		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

You can return this form by:

US Mail to P.A.W.S. Pet Hospital, 4644 Victor Path, Hugo, MN 55110

eMail to Staff@PAWSPetHospital.com

FAX to (651) 203-3507

Second Pet's Name		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

Third Pet's Name		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

Fourth Pet's Name		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

Fifth Pet's Name		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			