



INDIAN TRAIL ANIMAL HOSPITAL

160 Corporate Blvd., Indian Trail NC
(704)821-7040 Fax: (704)821-4692

NEW PET WELCOME FORM

Please help us enter accurate information by printing clearly.
Must be at least 18 years old

Pet's Name: _____ **Last Name:** _____

Would you like to share how your pet got his/her name? _____

DOB or approximate age: _____ Dog Cat Other _____

Breed _____ Male Neutered

Color _____ Female Spayed

Unusual Markings _____

Does your pet have a microchip? Yes Microchip # _____ No

Name & phone number of previous Veterinarian(s) where past records may be obtained

If your pet has been treated for an illness in the past year, please explain: _____

List any previous surgeries: _____

If your pet has ever had a reaction to a vaccine or medication, please explain: _____

List any medications your pet is currently taking (including heartworm, flea & tick prevention)

Is your pet... Indoor Outdoor Indoor/ Outdoor

Does your pet get anxious: Around other animals In the car At the Vet

Do specific procedures cause anxiety? Nail trim Anal Sac Expression Exam of Face/Ears Other _____

What is the pet's primary role in the family? (family pet, therapy/emotional support, barn cat, etc) _____

Do children live in the home? Y / N

Does your pet: Groom Board Go to daycare Go to dog parks

Do you have pet insurance? Y / N Which company? _____

Anything else we should know about your pet or your approach to your pet's healthcare? _____

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT. I ALSO GRANT YOUR VETERINARY HOSPITAL PERMISSION TO POST MY PET'S PICTURE, STORY, AND MEDICAL INFORMATION ON SOCIAL MEDIA.

Owner or Responsible Party Signature _____ **Date** _____
Must be at least 18 years old

Printed Name _____

Verified & Scanned by: _____