



# Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!  
**Please email completed form to [info@heartfelt.com](mailto:info@heartfelt.com).**

## Client(s)

Pet Parent (Owner): \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell Work (Please Check)

Gender Pronoun: (Please Circle) He/Him She/Her They/Them Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Other Pet Parent: \_\_\_\_\_ Other Parent Phone: \_\_\_\_\_  
Home Cell Work (Please Check)

Gender Pronoun: (Please Check ) He/Him She/Her They/Them Other

Pet Sitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about our clinic?  Website  Facebook  Yelp  GYP

Laurelhurst Living  Pet Event  Other: \_\_\_\_\_  Recommendation

If recommended, by whom? \_\_\_\_\_

**Initials**

**Please initial each statement below as acceptance and acknowledgement**

- \_\_\_\_\_ I authorize Heartfelt Veterinary Hospital to call and obtain any/all previous medical records for my pet(s).
- \_\_\_\_\_ I agree to keep my pet(s) contained or leashed while in common areas of Heartfelt Veterinary Hospital.
- \_\_\_\_\_ I understand that all charges for treatments and services are due in full the day of service/treatment.
- \_\_\_\_\_ I understand that all appointment cancelations must be made at least 24hours in advance. Canceling less than 24hr prior or not showing up for an appointment will result in an appointment cancelation fee.
- \_\_\_\_\_ I understand that no one but myself or the other pet parent (owner) listed (if any) can make medical decisions or authorize treatments for my pet. If I am unable to bring my pet in for any reason and would like to authorize someone else to make medical decisions I will contact Heartfelt Veterinary Hospital before hand to approve that individual(s).
- \_\_\_\_\_ I understand that by law Oregon requires all pets to be vaccinated for Rabies. By acknowledging this statement, I agree to take full responsibility of any legal actions or consequences assigned to me if I choose not to vaccinate my pet for Rabies.
- \_\_\_\_\_ I understand that Heartfelt Veterinary Hospital does not accept returns of any preventive care medications or prescription drugs once they leave the hospital.
- \_\_\_\_\_ I understand that VetSource is the only online pharmaceutical company that Heartfelt Veterinary hospital directly works with. If I choose to use any other online pharmacy I understand that the products obtained may not be guaranteed by the manufacturer.
- \_\_\_\_\_ Access To VetSource Online Pharmacy: [www.heartfeltvet.com](http://www.heartfeltvet.com) *Click: OUR ONLINE PHARMACY*

Our Mission: We bring pets into our homes and into our hearts, where they immediately become family. Because that's what pets are to us: Family. We will always treat your pets as you would, as if they were our own. That is our Mission and our simple, guiding truth. It is the reason for Heartfelt.

We Promise To: Care for your pets with every ounce of our hearts, experience, skill and imagination. Treat each and every pet as the unique individual they are—with the tailored care that's best for them. Always involve our pet parents in all aspects of the care of their beloved four-legged family members—to explain, advise, listen and comfort.

I have read, fully understand and agree to the statements above

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Patient History

Name : \_\_\_\_\_ Species:  Canine  Feline  Other: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Neutered/Spayed:  Yes  No  Unsure  
 Can we use your pets photo on social media sites?  Yes  No

Please check the box that best describes your pets recent activity

Is your pet  INDOOR  OUTDOOR  BOTH

Has there been a change to your pets energy level?  INCREASED  DECREASED  NO CHANGE  
 Has there been a change in your pets appetite?  INCREASED  DECREASED  NO CHANGE  
 Has there been a change in your pets water intake?  INCREASED  DECREASED  NO CHANGE  
 Has there been a change in your pets urination?  INCREASED  DECREASED  NO CHANGE

Please check yes or no to the following questions (use back side of page to elaborate, if needed)	YES	NO
1.) Is your pet current on all vaccines?		
2.) Has your pet ever had a reaction/side effects from a vaccine? (if yes, please list)		
3.) Has your pet ever had a reaction/side effects from a medication or food? (if yes, please list)		
4.) Has your CAT been tested for FELV/FIV within the last year?		
5.) Are there other pets in your household? (if yes, how many? _____ )		
6.) Is your pet CURRENTLY receiving medication for flea/tick/heartworm prevention?		
7.) Does your pet have access to table scraps/meat bones/RAW meat? (if yes, circle those which apply)		
8.) Has your pet traveled outside of the Pacific Northwest? (if yes, where? _____ )		
9.) Has your pet ever had a seizure? (if yes, how often? _____ )		
10.) Has your pet had any urinary problems?		
11.) Has your pet had access to RAW fish, rivers, lakes or streams? (if yes, circle those which apply)		

Previous Clinic(s) you have visited with your pet: \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_

What medication and/or suppliments is your pet currently taking? \_\_\_\_\_

What food is your pet currently eating? \_\_\_\_\_

Please list any previous medical or surgical problems: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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 dependant on treatment costs.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_