

**Jefferson Animal Hospital Fern Creek**  
6902 Bardstown RD \* Louisville, KY 40291 \* (502) 499-6535

**Owner Information**

Name: _____ Address: _____ City/State/Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____ Occupation: _____ Place of Employment: _____ Employment Phone: (____) _____	Date: ____/____/____  Spouse/Co-Owner: _____ Phone: (____) _____ Email Address: _____ Occupation: _____ Place of Employment: _____ Employment Phone: (____) _____
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**How did you hear of our hospital?**

Person/friend that we may thank? \_\_\_\_\_  
 Your regular Vet's answering service? \_\_\_\_\_  
 Outside sign:      The Yellow Pages:      Website:      Other:

**PET Information**

Name: _____ Sex:    Male            Female Neutered/Spayed:    Yes            No Age: _____      Date of Birth: _____ Species: Dog    Cat    Bird    Reptile    Other Breed: _____ Color: _____ Length of time owned pet: _____ Adopted pet from: _____ Or found pet: _____  Regular Veterinarian: _____      Clinic: _____ Last visit date: _____      Reason: _____ Current Medications: _____ Flea Product: _____      Date Given: _____      Heartworm Preventative: _____      Date given: _____ Brand of food: _____      Current appetite: _____ Habitat:    Indoor    Outdoor    Both            Travels: Yes    No            Exposure to wooded areas: Yes    No Is your pet microchipped? Yes    No <b>Do you, any household family members or your pet have any allergies to peanuts, latex, etc?</b> Yes / No  Previous illness or surgery: _____ Main concern this visit: _____	<p align="center"><b>Vaccine / Testing History:</b></p> <table border="0" style="width:100%;"> <thead> <tr> <th style="text-align: left;"><u>Canine</u></th> <th style="text-align: left;"><u>date</u></th> <th style="text-align: left;"><u>Feline</u></th> <th style="text-align: left;"><u>date</u></th> </tr> </thead> <tbody> <tr> <td>DHPP (Distemper)</td> <td>_____</td> <td>FVRCP</td> <td>_____</td> </tr> <tr> <td>Rabies</td> <td>_____</td> <td>Rabies</td> <td>_____</td> </tr> <tr> <td>Bordetella</td> <td>_____</td> <td>FeLV</td> <td>_____</td> </tr> <tr> <td>Leptospirosis</td> <td>_____</td> <td>Other</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>Heartworm Test</td> <td>_____</td> <td>FeLV/FIV Test</td> <td>_____</td> </tr> </tbody> </table>	<u>Canine</u>	<u>date</u>	<u>Feline</u>	<u>date</u>	DHPP (Distemper)	_____	FVRCP	_____	Rabies	_____	Rabies	_____	Bordetella	_____	FeLV	_____	Leptospirosis	_____	Other	_____	Other	_____			Heartworm Test	_____	FeLV/FIV Test	_____
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**Responsible Owner Agreement and Medical Information Release Authorization**

I agree and understand that it is the policy of this hospital to receive payment as services are rendered and that a deposit will be required upon admission to this hospital for patient treatment. I state that I am over 18 years of age, and I am the responsible owner of this pet and represent any and all other owners. I also give Jefferson Animal Hospital permission to share any and all information in my pet(s) medical record with my regular veterinarian. Additionally, I give my regular veterinarian permission to share my pet(s) medical record with Jefferson Animal Hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment:    CASH    CHECK    DEBIT    VISA    MC    AMEX    DISC

Information required for check payment or hospitalization:

Your SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Your DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Driver Lic. #: \_\_\_\_\_

Co-Owner SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Co-Owner DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Co-Owner Driver Lic. #: \_\_\_\_\_