



Shiloh Veterinary Hospital

Phone: (818) 614-9929

Fax (818) 746-2894

www.shilohsvet.com

mypet@shilohsvet.com

New Client Information

Thank you for using Shiloh Veterinary Hospital for your pets visit!

The following information will be used to help our veterinary team diagnose your pet.

Visit our website www.shilohsvet.com

New Client From

Owner Name: _____ Co-Owner/Spouse's Name _____
Street Address: _____ Spouse's Phone Number _____
City: _____ State _____ Zip _____
Primary Phone number: _____ E-Mail: _____
Can we text you reminders? Yes _____ No _____

Pet Information

Pet Name: _____ Breed: _____ Color: _____
Date of Birth/Age: _____ Sex: Male Female Spayed Neutered
Does your pet have previous medical records at another veterinarian? Yes No
Previous Veterinarian: _____ Phone _____
What medications or supplements is pet receiving? _____
What previous Medical Conditions does your pet have? _____
What flea, tick, heartworm prevention is your pet receiving? _____
If your pet microchipped? Yes No

Additional Pet Information

Pet Name: _____ Breed: _____ Color: _____
Date of Birth/Age: _____ Sex: Male Female Spayed Neutered
Does your pet have previous medical records at another veterinarian? Yes No
Previous Veterinarian: _____ Phone _____
What medications or supplements is pet receiving? _____
What previous Medical Conditions does your pet have? _____
What flea, tick, heartworm prevention is your pet receiving? _____
If your pet microchipped? Yes No

Pet Name: _____ Breed: _____ Color: _____
Date of Birth/Age: _____ Sex: Male Female Spayed Neutered
Does your pet have previous medical records at another veterinarian? Yes No
Previous Veterinarian: _____ Phone _____
What medications or supplements is pet receiving? _____

What previous Medical Conditions does your pet have? _____

What flea, tick, heartworm prevention is your pet receiving? _____

If your pet microchipped? Yes No

How did you hear about us?

Website Sign/Drive By Other: _____

Personal Referral: Who may we thank? _____

Social Media

Within the content of promoting our business and pet health, we would like to use images, videos and/or information about your pet. Do you wish your pet to participate on our social media sites? Yes No

Payment Policy

We accept Cash and Credit Cards. **We do not accept checks.** Payment is expected when services are rendered. We will gladly prepare you a written estimate of services prior to treatment of your pet, if you desire.

I realize and understand that I am financially responsible for the care and treatment of my pet(s). I further agree that in the case of non-payment, a finance charge or interest fees and collection fees will apply.

Signature: _____

Date: _____