



199 Post Road West  
 Westport, CT 06880  
 (203) 226-1231  
 schulhofanimalhospital.com

**NEW PATIENT REGISTRATION**

Owner's Last Name:	Owner's First Name:	Spouse/Partner's Last Name:	Spouse/Partner's First Name:
Home Phone:	Business Phone:	Cell Phone/Emergency Phone:	Partner's Work Phone:
Address: (Physical Address – No P.O. Boxes)*		City, State, Zip:	E-mail:
Driver's License #:	Employer/Business:	Address:	

**\*We require a physical address of residence even if you use a P.O. Box for mail. If you would like mail and reminders sent to a P.O. Box please note the address on the back of this form.**

Pet's Name:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered
Breed:	Color:	Birthdate:

Previous Major Health Problems:

Known Drug or Vaccine Allergies:

<p>Please tell us how you found out about us:</p> <p><input type="checkbox"/> Search Engine: _____</p> <p><input type="checkbox"/> Online Advertisement   <input type="checkbox"/> Yellow Pages</p> <p><input type="checkbox"/> SAH Website   <input type="checkbox"/> Professional Referral</p> <p><input type="checkbox"/> Drive-By   <input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Animal Control   <input type="checkbox"/> Humane Society</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Friend or Family : _____</p>	<p>Is your pet currently taking a Heartworm preventative?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>Do you have children?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>Has your pet ever shown aggression towards people?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>Has your pet ever shown aggression towards other animals?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>
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The above information is accurate and true to the best of my knowledge and I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.

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