



1760 Hwy 72E, Huntsville, AL 35811
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www.chaseanimalhospital.com

PATIENT MEDICAL HISTORY FORM

Owner Name:	Spouse / Other:	Email:
Home Phone:	Cell Phone:	Work Phone:
Pet Name:	Age or DOB:	Breed:
Reason for visit:		
Has your pet been seen for this issue before?	If so, when & where:	
		Yes No
Do you want reminders sent for vaccines, treatments, etc?		
Would you like to sign up for our app to receive reminders, be eligible for Paw Print rewards, receive hospital notifications and be able to send medication, appointment, and boarding requests?		
Are your pet's vaccinations up to date? (please provide proof of vaccinations for records)		
Is your pet spayed or neutered?		
Has your pet ever had a reaction to vaccinations?		
Does your pet have any food or medication allergies?		
If so, please list:		
Current Diet & Feeding Schedule:		
Current Medications/Supplements & Doses:		
On consistent monthly Heartworm Prevention? Type?		
On consistent monthly flea or tick prevention? Type?		

I assume responsibility for all charges incurred in the care of my pet(s), including special order products. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for some treatments. If my pet is not picked up within 30 days, the pet is considered abandoned and may be adopted out as doctor sees fit. Abandonment does not absolve me from paying for services and/or boarding fees that occurred while here. In addition, I understand that I am liable for any service charges on my unpaid balance, court costs, collection fees, and reasonable attorney's fees.

Signature of Responsible Party:

Date: