



Redding Veterinary Hospital, LLC

235 Ethan Allen Highway, Ridgefield, Connecticut 06877

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Welcome! Help us give your pet the best care by filling out this form.

New to our hospital? Please have a copy of your pet's current medical records sent to us.

Why did you bring your pet in today? _____

Pet's Name: _____ **Species:** _____ **Breed:** _____

Age: _____ **Sex:** M/F **Spayed/Neutered**

Please let us know if your contact information has changed:

Your Name: _____ **Email** (*We do not share email*): _____

Address: _____ **City/State/Zip Code:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____ **Preferred contact?** _____

Do you have pet insurance? Y/N **Name of Insurance:** _____

My Pet is: Indoor / Outdoor **Microchipped? Y/N**

Heartworm Preventative? Y/N **Product Used?** _____

Flea & Tick Preventative? Y/N **Product Used?** _____

In the last 6 months, my pet has had changes in (*please circle*):

Eating	Drinking	Urination	Defecation	Vomiting
Coughing	Sneezing	Diarrhea	Skin	Attitude/Energy
Lameness	Eyes	Ears	Teeth	Other: _____

I am interested in information on (*please circle*):

Behavior/Training	Pet Insurance	Wellness care	Vaccines
Breeding	Spay/Neuter	Dental Cleaning	Diet & Nutrition
Fleas & Ticks	Heartworm	Weight loss	Microchipping
Grooming	Boarding	Other: _____	

Current medications or supplements? (*Please list ALL meds & supplements with dosage*)

Med: _____ *How much:* _____ *How Often:* _____

Med: _____ *How much:* _____ *How Often:* _____

Med: _____ *How much:* _____ *How Often:* _____

Diet? (*Please include brand & type of food, including any treats, table scraps, etc.*)

Food: _____ *How much:* _____ *How Often:* _____

Food: _____ *How much:* _____ *How Often:* _____

I understand that I am responsible for payment at the time of service, unless prior arrangements have been made, regardless of pet insurance coverage.

Signature: _____ **Date:** _____

We care about our clients and their pets. Thank you for your business!