

Client Update Form

No: _____

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Owner's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Name of Additional Owner: _____
Relation to Owner: _____
Emergency Contact (other than self): _____
Emergency Contact Phone: _____

Primary Owner's Cell Phone: _____ Secondary Owner's Cell Phone: _____

Primary Phone (if other than above): _____ Email: _____

How would you prefer to receive exam & vaccine reminders?
 Postcard Email Text message

Which social media platforms do you use? (Check any that apply.)
 Facebook Twitter Pinterest
 Instagram LinkedIn Snapchat

Please list all pets in your family below!
If you need room for more pets, please let us know

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): Brushing teeth Dental Chews Water additive None

Describe any known allergies: _____
Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): Brushing teeth Dental Chews Water additive None

Describe any known allergies: _____
Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____
Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): Brushing teeth Dental Chews Water additive None

Describe any known allergies: _____
Describe any known medical issues: _____

1) **PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:
 Yes. I authorize AHHB to share my pet's photo & story. No. I do not authorize this.

2) **TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The AHHB staff is happy to provide estimates.

Signature of Owner/Agent: _____ Date: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): ___ Brushing teeth ___ Dental Chews ___ Water additive ___ None

Describe any known allergies: _____

Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): ___ Brushing teeth ___ Dental Chews ___ Water additive ___ None

Describe any known allergies: _____

Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): ___ Brushing teeth ___ Dental Chews ___ Water additive ___ None

Describe any known allergies: _____

Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): ___ Brushing teeth ___ Dental Chews ___ Water additive ___ None

Describe any known allergies: _____

Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): ___ Brushing teeth ___ Dental Chews ___ Water additive ___ None

Describe any known allergies: _____

Describe any known medical issues: _____

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Current at-home dental care routine (Check any that apply): ___ Brushing teeth ___ Dental Chews ___ Water additive ___ None

Describe any known allergies: _____

Describe any known medical issues: _____
