



J. S. Khera, DVM
 3240 Auburn Way S
 Auburn, Washington 98092
 p253.833.9100
 f 253.833.7704
 www.foresthillvet.com

Pet Medical History

Please complete the following form to the best of your knowledge.

Client Name _____

	Pet #1	Pet #2	Pet #3
Pets Name			
Species (cat, dog, goat etc.)			
Breed			
Description (color)			
Date of Birth or Age			
Sex - Please Circle One	Male Female	Male Female	Male Female
Has He/She Been Neutered/Spayed?	Yes No	Yes No	Yes No
Approximate Date of Last Vaccinations			
Name of Clinic / Doctor where Previously Seen			
Length of time owned			
Flea Meds (Advantage, etc.)			
Any Medications / Vitamins			
Any Known Allergies (Food, Fleas, Antibiotics, etc)			
Diet (kind of pet food) i.e. Dry, Canned, Prescription			
Hours Outside per Day			
Pet Origin (breeder, stray, etc)			
Microchip Number			
King County License Number			
Dog - Heartworm Test Date			
Cat - FeLV/FIV Test Date			
Goat - CAE Test Date			



J.S. Khera DVM
3240 Auburn Way S
Auburn, Washington 98092
p253.833.9100
f 253.833.7704
www.foresthillvet.com

Welcome To FOREST HILL VETERINARY HOSPITAL

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to provide the following information

Date _____
Last Name _____ First Name _____ Spouse/Other _____
Mailing Address _____ City _____ State _____ Zip _____
Physical Address _____ E-Mail _____
Home # _____ Work # _____ Other # _____
Children living at home (first name & ages) _____
Place of Employment _____
In case of EMERGENCY, whom should we contact _____ at _____

Note: Handling your pet during a medical exam carries the risk of bites, scratches etc. If you are concerned about these risks during your pet's visit, please let us know so that we may obtain support from a technician. Forest Hill Veterinary Hospital is not liable for any injuries incurred to an owner holding his/her pet during an exam.

Person responsible for payment _____ Signature _____
Driver's License Information: State _____ Number _____

FEES FOR SERVICES ARE DUE AT THE TIME THEY ARE RENDERED.

We will gladly prepare a written estimate if you desire. Any check returned will be charged an additional \$25 processing fee.

How did you first hear about our hospital? (Please check one)

Yellow Pages Hospital Sign Newspaper Ad - Which one _____

Referral - Whom may we thank? _____ Other _____

Our goal is to respect your scheduled appointment. However, if another pet needs our immediate attention, we hope you will understand. We appreciate your patience as we strive to take care of all of our animal friends in a timely manner.