



# Welcome to Cornwall Veterinary Hospital

2020 Route 32, Cornwall, New York 12518

Telephone (845) 534-8991

[www.cornwallveterinaryhospital.com](http://www.cornwallveterinaryhospital.com)

Dr. Belinda A. Moran, DVM and Dr. Eric J. Midlarsky, DVM

Your name (first, last) \_\_\_\_\_ Spouse (if any) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Previous/Current Veterinarian \_\_\_\_\_

## Please check any items that you would like to discuss with the veterinarian today

- |   |   |
|---|---|
| <input type="checkbox"/> Aggression/dominance | <input type="checkbox"/> General Kitten or Puppy Care |
| <input type="checkbox"/> Anesthesia           | <input type="checkbox"/> Heart Disease                |
| <input type="checkbox"/> Behavioral issues    | <input type="checkbox"/> Heartworm Prevention         |
| <input type="checkbox"/> Breeding             | <input type="checkbox"/> Housetraining                |
| <input type="checkbox"/> Dental Health        | <input type="checkbox"/> Obedience Training           |
| <input type="checkbox"/> Digestive Health     | <input type="checkbox"/> Nutrition                    |
| <input type="checkbox"/> Deworming            | <input type="checkbox"/> Rabies prevention            |
| <input type="checkbox"/> Ear infections       | <input type="checkbox"/> Respiratory problems         |
| <input type="checkbox"/> Euthanasia           | <input type="checkbox"/> Skin Problems                |
| <input type="checkbox"/> Eye problems         | <input type="checkbox"/> Spaying and neutering        |
| <input type="checkbox"/> Feline Leukemia/FIV  | <input type="checkbox"/> Surgery                      |
| <input type="checkbox"/> Flea/Tick Control    | <input type="checkbox"/> Urination issues             |
|   | <input type="checkbox"/> Vaccinations                 |

## How did you find out about our hospital?

- |  |  |
|--|--|
| <input type="checkbox"/> Another client (whom may we thank?) |  |
| <input type="checkbox"/> Driving By                          | <input type="checkbox"/> Yellow pages –circle one (Verizon, Yellow Book, Frontier) |
| <input type="checkbox"/> Website                             | <input type="checkbox"/> Online yellow pages                                       |

We will gladly prepare a written estimate if you need one. Please ask the receptionist or doctor. Professional fees are due at the time services are rendered.

Preferred Method of Payment:      Cash      Credit Card      Debit Card      Care Credit

Signature \_\_\_\_\_

Date \_\_\_\_\_

PET INFORMATION	Pet #1	Pet #2	Pet #3
<b>Pet's Name</b>			
<b>Pet's Species</b> (bird, dog, cat, etc)			
<b>Breed</b> (if any)			
<b>Description</b> (color/markings)			
<b>Age or Date of Birth</b> (approximate)			
<b>Sex</b>			
<b>Neutered or spayed?</b>			
<b>Diet</b> (name of pet's food)			
<b>Daily Medications, vitamins or treats</b>			
<b>Heartworm, Flea and Tick Medications</b>			
<b>VACCINATIONS</b> (please note the dates the following vaccines were given)	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>
<b>Dogs: DA2PP (Distemper/Parvo)</b>			
Bordatella (Kennel cough)			
Rabies			
Lyme			
Other vaccines – please specify			
Heartworm test			
Lyme Disease Test			
<b>Cats: FVRCP (Infectious Diseases)</b>			
FELV (Feline leukemia)			
FIV (Feline Immunodeficiency Virus)			
Rabies			
FELV or FIV test			
<b>PLEASE NOTE DATES FOR ALL PETS</b> (dog, cat or other)	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>
<b>Fecal test (Stool exam for Worms)</b>			
<b>Dentistry (approximate date work was done)</b>			
<b>Deworming (medication for parasites)</b>			
<b>Blood Testing (describe type)</b>			
<b>Medical History (prior illness or surgery)</b>			