Community Pet Hospital

13500 SW Pacifc Hwy, Tigard, OR 97223 (503) 670-9707
www.communitypethosp.com communitypettigard@comcast.net

Owner's Name (Last) _____ (First) _____

Address _____ City _____ Zip _____

Phone (Home) _____ (Work) _____ Cell/Pager_____

Dog's Name _____ Breed _____ Sex_____ Color _____

DOB/Age _____ Spayed/Neutered? ___Yes ___No Email _____

Previous Health Problems _____

Drug Reactions / Medications currently used: _____

How did you hear about us? ___ Yellow Pages ____ Newspaper ___ Internet ___ Other

If referred, whom may we thank? _____

If you are here because you are unhappy with a previous animal hospital, please let us know the Reason why you left so that we may try not to make the same mistake _____

_____

Health Maintenance *(For Clinic Use Only)*	**Date**										
Rabies											
DH(L)PP											
Bordetella											
Leptospirosis											
Heartworm Test											
Spay/Neuter											
Deworming											
Annual Physical											
Lab Work											
Fecal Exam											
Weight											

Master Problem List *(For Clinic Use Only)*				
Date	Problem List	Resolved	Date	Medication