



Welcome to Little Friends of Ferndale. Thank you for giving us the opportunity to care for your pet. Please help us to support your animal family's needs by sharing some information with us.
Acct.#

Client Information		Date:	
Owner's Name:		Primary Phone::	
Address:		Co-Owner/Spouse	
City:	Zip:	Co-Owner/Spouse Phone:	
Employer:		Work Phone:	
Email Address :			
Who referred you to LFOF?			
In case of an emergency involving your pet, and we are unable to contact you, who would you like us to contact? Name: Phone:			
Previous veterinary hospital that took care of your pet(s)?			
Please note that full payment is due at the time services are rendered. We will gladly prepare a written estimate for your visit – just ask a receptionist. We accept cash, Visa, Discover or Mastercard (debit or credit). We do not accept personal checks.			
Signature of Owner/Authorized Agent X			
Patient Information	Pet's Name:	Pet's Name	Pet's Name
Species (Dog/Cat)			
Date of Birth/Age			
Breed			
Color			
Gender	M or F	M or F	M or F
Spayed/Neutered	Y or N	Y or N	Y or N
Microchipped	Y or N	Y or N	Y or N
On Heartworm Preventative? What kind?	Y or N	Y or N	Y or N
On Flea/Tick Preventative? What kind?	Y or N	Y or N	Y or N
Will dog go to kennel, groomer, dog park, or training class?	Y or N	Y or N	Y or N
Does cat go outside?	Y or N	Y or N	Y or N
Any known allergies? Or adverse reactions to vaccines/medications?			
Any previous serious illness/surgeries?			

Authorization release of information for Media or Website Publication

I authorize Little Friends of Ferndale Veterinary Care and its agents to take photos of my pet or pet's condition and copyright, use and publish the same in print and/or electronically. I agree that Little Friends of Ferndale Veterinary Care may use such photographs or my pet with or without my name and for the lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and agree the above statement.

Signature _____

Date _____

Printed name

Little Friends of Ferndale Fear Free Pre-Visit Questionnaire

At Little Friends of Ferndale, we want to make your visit to our hospital the best it can be for both you and your pet. Please take a few minutes to answer the following questions so we can take both your and your pet's preferences for your visit into consideration.

1. How would you describe your pet's reaction to going to the veterinary hospital?

☐ Eager and excited ☐ Subdued ☐ Reluctant ☐ Somewhere in between

2. Are there things you or your pet did *NOT* like during past veterinary visits?

☐ Being weighed ☐ Getting onto the exam table ☐ Having a procedure done
☐ Being handled by the veterinary staff ☐ Walking through the clinic
☐ Other - please describe _____

3. How would you describe your pet around other animals and people, such as in the lobby area of the veterinary hospital?

4. Is your pet currently on any anti-anxiety medications?

☐ Yes ☐ No

if yes - please list medication and dosing information _____

5. What are you pet's favorite treats? (please bring some to the visit)

6. Are there any food restrictions or allergies?

7. Does your pet like to play with toys? if so, what kinds? (feel free to bring your pet's favorite toy)

A successful visit starts at home and continues during your travel to our hospital. To help you provide your pet with a pleasant experience on the way to the hospital, we can send you some preparation tips via email. Or you can check out Fearfreehappyhomes.com for more tips. However, we have a few questions regarding travel to see if we can make any special recommendations.

8. How and where does your pet travel in the car?

☐ Carrier ☐ Seat belt ☐ Loose

9. Does your pet show any reluctance getting into the carrier or car?

☐ Yes ☐ No

10. Is assistance needed getting your pet into or out of the vehicle? Any special requirements (ramp, stairs, etc.)

☐ Yes ☐ No

11. How does your pet behave in the car?

☐ Vocal ☐ Barking ☐ Whining ☐ Restless ☐ Pacing ☐ Panting
☐ Drooling ☐ Trembling ☐ Hiding

12. Any nausea, drooling, or vomiting with car travel?

☐ Yes ☐ No

13. Has your pet needed medication in the past for travel?

☐ Yes ☐ No

if yes - please list medication and dosing information _____

Please understand that your pet's well being is of utmost importance to us. Our goal is to provide you and your pet a safe and stress-free environment.