



Paw Prints Animal Hospital

8500 BENSVILLE RD WALDORF, MD 20603

Email: Receptionist@lastchanceanimalrescue.org



WAS THIS PET ADOPTED THROUGH LAST CHANCE ANIMAL RESCUE? YES NO
IF YES, WHAT IS THE FILE NUMBER: _____ DATE OF ADOPTION: _____

Check In Time: _____

Appt Time: _____

WARNINGS: _____

SPOT #: _____

FOR OFFICE USE ONLY

Owner/Responsible Party Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (H) _____ (C) _____ (W) _____

Email Address: _____

Have you been here before with another pet? Please circle YES or NO

Patient Information:

Pets Name: _____ Age/DOB: _____

Breed: _____ Color: _____

Please check which Species: CANINE FELINE

Please check a Sex: Male Female

Is pet Spayed or Neutered? YES NO

When was the last time your pet was seen by a veterinarian? _____

Did you bring any medical records with you today? YES NO

Is your pet on any medications daily? YES NO

If yes what are those medications? _____

What is the reason for today's visit? _____

PLEASE NOTE THE FOLLOWING:

- Payment is due in full at the time services are rendered. Paw Prints Animal Hospital does not offer Financial Plans.
- Paw Prints Animal Hospital only accepts Cash, Visa, MasterCard, Discover, American Express, and Care Credit. We apologize for the inconvenience, but we DO NOT accept Money Orders or Checks.

Signature: _____

Date: _____

PLEASE FILL OUT BACK SIDE OF THIS SHEET!



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Pet Name: _____

Have you or anyone in your household been exposed to COVID-19 or exhibited any respiratory symptoms or fever within the past 4 weeks? YES NO PLEASE CIRCLE ONE

if yes, please call front desk at 301-885-0263 opt#

if you do not get a person, please let lot attendant know the situation.

Is this your pet? YES NO PLEASE CIRCLE ONE

Does your pet require a muzzle? YES NO PLEASE CIRCLE ONE

Does your pet have vaccine reactions? YES NO PLEASE CIRCLE ONE

If yes, please explain: _____

Is your pet experiencing any of the following symptoms?

Coughing YES NO PLEASE EXPLAIN: _____

Sneezing YES NO PLEASE EXPLAIN: _____

Vomiting YES NO PLEASE EXPLAIN: _____

Diarrhea YES NO PLEASE EXPLAIN: _____

Excessive thirst or urination YES NO PLEASE EXPLAIN: _____

Trouble Breathing YES NO PLEASE EXPLAIN: _____

Is your pet eating and drinking normally? YES NO PLEASE EXPLAIN: _____

What brand of food does your pet eat? _____

Do they eat dry, wet, or both? _____

How frequently do you feed and how much feeding? _____

Please list any medications and/ or supplements your pet is currently taking:

Is your pet on flea and tick prevention? YES NO PLEASE CIRCLE ONE

Is your pet on heartworm prevention? YES NO PLEASE CIRCLE ONE

Do you need any of the following from our clinic today?

Heartworm prevention YES NO If yes, what brand? _____

Flea and tick prevention YES NO If yes, what brand? _____

Prescription Food YES NO If yes, what brand? _____

Prescription medications YES NO If yes, what brand? _____