



Redding Veterinary Hospital, LLC

235 Ethan Allen Highway, Ridgefield, Connecticut 06877

Tel: 203/ 438-3761 Fax: 203/ 438-9321 Email: ReddingVet@att.net

Welcome! Help us give your pet the best care by filling out the following form.

If your pet is new to the hospital, we ask that you please have a copy of your pet's medical records faxed or emailed to us at (203) 438-9321 or ReddingVet@att.net.

Why did you bring your pet in to see us today? _____

Pet's Name: _____ **Your Name:** _____

Species: _____ **Breed:** _____ **Age:** _____ **Sex:** M/F **Spayed/Neutered**

Please let us know if you have any new address or contact information:

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Email Address: _____

Driver's License: State _____ Number _____

My Pet is: Indoor / Outdoor **Microchipped**

Heartworm Preventative? Y / N **Product Used:** _____

Flea & Tick Preventative? Y / N **Product Used:** _____

In the last 6 months, my pet has had changes in (please circle):

Eating	Drinking	Urination	Defecation	Vomiting
Coughing	Sneezing	Diarrhea	Skin	Attitude/Energy
Lameness	Eyes	Ears	Teeth	Other: _____

I am interested in information on (please circle):

Behavior/Training	Pet Insurance	Wellness care	Vaccines
Breeding	Spay/Neuter	Dental Cleaning	Diet & Nutrition
Fleas & Ticks	Heartworm	Weight loss	Microchipping
Grooming	Boarding	Other: _____	

What current medication(s) is your pet receiving? (Please list additional meds on the back)

Medication/Supplement Name	Strength	Amount	How Often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What type of food(s) does your pet eat (including any treats, table scraps, etc.)?

Food Brand/Type	Amount	How Often
_____	_____	_____
_____	_____	_____

Any other concerns? _____

We care about our clients and their pets. Thank you for your business!