



9 Rumble Road
Santa Fe, NM 87508
(505)471-4400
www.grudavet.com

Welcome to Gruda Veterinary Hospital!!
Thank you for giving us the opportunity to care for your pet.

Client Information to help us provide the best care, please complete the following: (please print)

Owner First and Last Name(s) _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
Home Phone _____	Work Phone(s) _____	Cell Phone(s) _____
Employer _____	Phone _____	
Spouse/Other _____	Phone _____	
In the event of an emergency, whom may we contact? Name _____ Phone _____		

How did you hear about us? (Check all that apply) Phonebook Our Website Google/Internet

Did someone refer you? Yes No (if yes, may we ask who referred you?) _____

We routinely send vaccination reminders. How do you prefer to receive your reminders?

- Please mail vaccination reminders
- Please E-mail vaccination reminders to _____

Professional fees are due at the time services are rendered. At your request we will gladly discuss cost of services and/or prepare a written estimate for recommended procedures.

We accept cash, checks, debit cards, VISA, MasterCard, Discover, American Express and Care Credit. A \$25.00 service fee will be charged for all returned checks.

To prevent the spread of infectious diseases and parasites, we recommend that all pets be current on all vaccines. Pets with fleas or ticks will be treated with a topical medication on admission, and the prescription price will be included on the invoice. I authorize administration of parasite and infectious disease control as needed for my pet(s).

Signature _____ Date _____



Owner Name: _____

Patient Information

Your pet's Name _____ Species: Canine Feline
Breed _____ Sex: Female Female Spayed / Male Male Neutered
Your pet's Birth date or Age _____ Color/Marking _____

Patient Medical History

Current medications and dosages _____

When were medications last given? _____

Vaccination History (please check those that apply and provide dates of last vaccination if known):

Rabies	Distemper-Parvo	Feline Upper Respiratory	Feline Leukemia
_____	_____	_____	_____
Date	Date	Date	Date

Has your pet had unusual/unexpected reactions to medications or vaccines? Yes No

- If yes, what did your pet react to? _____

Is your pet now taking preventative for heartworm disease? Yes No

- If yes, what is the name of the medication? _____

Has your pet been treated for any major medical problems? Yes No

- If yes, what type and when? _____

Has your pet ever undergone any type of surgery, other than neutering? Yes No

- If yes, what type of surgery and when? _____

What types of food do you currently feed your pet? _____ How much? _____ How often? _____

Is your pet an indoor/outdoor pet, or both? Indoor Outdoor

Is your pet in a home with multiple animals? Yes No

Do you board your pet frequently? Yes No / Does your pet go to a groomer frequently? Yes No

Has your pet traveled out of New Mexico recently? Yes No

- If yes, when and where? _____

Are there any other medical or behavioral issues that your veterinarian should know about?

