



Welcome to Cornwall Veterinary Hospital

2020 Route 32, Cornwall, New York 12518
Telephone (845) 534-8991

www.cornwallveterinaryhospital.com

Dr. Belinda A. Moran, DVM and Dr. Eric J. Midlarsky, DVM

Your name (first, last) _____ Spouse (if any) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Tel. # _____ Cell # _____ Business # _____

In case of an emergency, call _____ Tel # _____

Name of Previous/Current Veterinarian _____

Please check any items that you would like to discuss with the veterinarian today

- | | |
|---|---|
| <input type="checkbox"/> Aggression/dominance | <input type="checkbox"/> General Kitten or Puppy Care |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Heartworm Prevention |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Housetraining |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Obedience Training |
| <input type="checkbox"/> Digestive Health | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Declawing | <input type="checkbox"/> Rabies prevention |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Euthanasia | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Spaying and neutering |
| <input type="checkbox"/> Feline Leukemia/FIV | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Flea/Tick Control | <input type="checkbox"/> Urination issues |
| | <input type="checkbox"/> Vaccinations |

How did you find out about our hospital?

- | | |
|--|--|
| <input type="checkbox"/> Another client (whom may we thank?) | |
| <input type="checkbox"/> Driving By | <input type="checkbox"/> Yellow pages –circle one (Verizon, Yellow Book, Frontier) |
| <input type="checkbox"/> Website | <input type="checkbox"/> Online yellow pages |

We will gladly prepare a written estimate if you need one. Please ask the receptionist or doctor. Professional fees are due at the time services are rendered. If you wish to pay by credit card, please complete the following.

Bank Name: _____ Driver's License # _____

Preferred Method of Payment: Cash Credit Card Debit Card Care Credit

Signature _____

Date _____

PET INFORMATION	Pet #1	Pet #2	Pet #3
Pet's Name			
Pet's Species (bird, dog, cat, etc)			
Breed (if any)			
Description (color/markings)			
Age or Date of Birth (approximate)			
Sex			
Neutered or spayed?			
Diet (name of pet's food)			
Daily Medications, vitamins or treats			
Heartworm, Flea and Tick Medications			
VACCINATIONS (please note the dates the following vaccines were given)	Pet #1	Pet #2	Pet #3
Dogs: DA2PP (Distemper/Parvo)			
Bordatella (Kennel cough)			
Rabies			
Lyme			
Other vaccines – please specify			
Heartworm test			
Lyme Disease Test			
Cats: FVRCP (Infectious Diseases)			
FELV (Feline leukemia)			
FIV (Feline Immunodeficiency Virus)			
Rabies			
FELV or FIV test			
PLEASE NOTE DATES FOR ALL PETS (dog, cat or other)	Pet #1	Pet #2	Pet #3
Fecal test (Stool exam for Worms)			
Dentistry (approximate date work was done)			
Deworming (medication for parasites)			
Blood Testing (describe type)			
Medical History (prior illness or surgery)			