

Healing Creatures Holistic Animal Hospital

3300 Hartzdale Drive, Suite 108

Camp Hill, PA 17011

(717) 730-3755

www.HealingCreatures.com

Owner information

Last name _____ First Name _____ Middle initial _____

Street address _____

City _____ State _____ Zip code _____

Cell Phone# _____ Home# _____ Emergency# _____

Email address _____

Co-Owner/Spouse _____

How did you hear about us _____

The following statements must be signed in acknowledgement of hospital financial policies:

Full payment is expected at the time of service. We accept Discover, Mastercard, Visa, care credit and cash. We do not accept checks. No show appointments may result in a non-cancellation fee and/or a pre-payment prior to rescheduling your next appointment.

SIGNATURE _____

Pet Information

Pet Name _____

Species _____ Breed _____ color _____

Birthdate/Age _____ Sex: Circle one M or F _____ Neutered/spayed _____

Where did you acquire you pet _____

Microchip# _____ Interested in getting one _____ Y/N _____

Has your cat been tested for feline leukemia Y/N _____ Results: Pos/Neg _____

Last visit to veterinarian _____ Where _____

Dates/Types of most current vaccines _____

(OVER)

Does your pet have any of the following currently or in the past

☐ Heart problems ☐ Diabetes or hypoglycemia ☐ Epilepsy/seizures

☐ Arthritis/Bone/Joint issues ☐ History of tumors ☐ Bladder/Urinary issues

☐ Respiratory problems ☐ Skin issues ☐ Special diet/prescription diet

☐ Chronic Diarrhea/vomiting/constipation ☐ Changes in urination

☐ Change in stool ☐ Previous illness not listed here

If you answered yes to any of the above, please explain: _____

List your pets' current medications/supplements and dosages _____

Change in appetite Y/N Recent diet change Y/N Household change Y/N

Avian/Bird History ONLY

Problems you are noticing with your bird(s) _____

What type and brand of food are you currently feeding _____

Previous illness explain: _____

Change in color/consistency of droppings Y/N Respiratory problems Y/N

Exposed to any other birds EX: wild, boarding, pet store Y/N

Reptile/Amphibian History ONLY

Food/Prey type _____ Live Y/N Pre-killed Y/N

Food/Prey size _____ Amount _____ other variety _____

Feeding schedule/frequency _____

Heating device _____ Avg day temp _____ avg night temp _____ Humidity _____

Type of lighting _____ ventilation _____

Number of pets per enclosure _____ type _____ size _____