



Eldorado Animal Hospital

Dr. Susan Schoch | Dr. Brian Shiplov

3170 Eldorado Pkwy
 McKinney, Texas 75072
 972-529-1367 | Fax 972-529-9657
eldoradovet@gmail.com

Date _____ Owner's name _____

Primary Phone _____ Email Address _____

Address _____ City & Zip _____

Name and Phone Numbers of spouse/friends who may bring in your pet:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

How did you hear about us? _____

What is the name of your previous vet's office? _____

Pet's Name	Dog/Cat/Other	Breed	Male/MN/Female/FS	D.O.B.
			<input type="checkbox"/> Male <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female <input type="checkbox"/> Female Spayed	
			<input type="checkbox"/> Male <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female <input type="checkbox"/> Female Spayed	
			<input type="checkbox"/> Male <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female <input type="checkbox"/> Female Spayed	
			<input type="checkbox"/> Male <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female <input type="checkbox"/> Female Spayed	

Does your pet have any chronic conditions? _____
(heart failure, renal failure, hyper/hypothyroidism, cushing's disease, etc)

Is your pet on any medications? _____

Does your pet have any known medical or vaccination allergies? _____

When was the last time your pet received Heartworm Prevention? _____

*What is the name of the medication? _____