



New Patient Registration

Pet Name: _____ Species (Dog/Cat/Etc): _____ Breed: _____
Birth date/approximate age: _____ Circle one: Male Female
Color/Markings: _____ Male Neutered Female Spayed

Please provide your pet's vaccination and medical history to the receptionist or assistant. If this information is not readily available, please provide your pet's previous veterinarian's information:

Practice Name and Location: _____ Phone: (____) _____

Fear Free – Taking the “pet” out of petrified!

Fort Hunt Animal Hospital is proud to have Fear Free Certified Professionals on our team to help create a calm, soothing atmosphere for pets in the veterinary hospital. To aid in providing a Fear Free visit for your pet (and you!), please circle one answer for each question and elaborate where necessary. **Does your pet...**

...have a male/female preference or aversion? Yes No Not Sure _____

...prefer to wait in: Lobby Exam Room Car

...have any known stressors? (sounds, sights, smells) Yes No Not Sure

...have any favorite treats or toys? Yes No Not Sure _____

...have any food allergies or sensitivities? Yes No Not Sure _____

...have any touch sensitivities? (ex: paws) Yes No Not Sure _____

...take any anti-anxiety or sedation medication before visits? Yes No _____

Your pet's veterinarian and support team will make recommendations for future visits based on observed behavior, fear, anxiety, and stress levels. Our goal is to create a Fear Free environments for our patients, clients, and Fort Hunt Animal Hospital team. Please be patient as we learn the best way to interact with you and your pet in order to provide this superior level of care.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of discharge and that a deposit may be required for surgical treatment.

Signature of Owner: _____ Date: _____
