



Cummings Veterinary Hospital, LLC

5111 Church Road  Easton, PA 18045
Phone: (610) 923-0393  Fax: (610) 923-6277



Date ___/___/___ ID Number (for office use): _____

Tell us about you:

Owner _____ D.O.B. ___/___/___
Last First Initial

SS # _____ Drivers Lic. # _____

Address _____
Street City State Zip

Telephone _____
Home Work Cell

E-mail Address _____

Employer _____ Your Title _____

All fees are due when services are rendered. Please indicate your choice of payment method.

- Cash/Check Charge Card Insurance _____

Who else is responsible for your pet?

Namer _____ D.O.B. ___/___/___
Last First Initial

Address _____
Street City State Zip

Telephone _____
Home Work Cell

E-mail Address _____

How did you hear about us?

- TV Yellow Pages Radio Hospital Sign Newspaper Internet SuperPages

Personal Recommendation (by whom) _____

Other (specify) _____

Veterinary Practice _____

Address _____

City _____ State _____ Zip _____

Phone _____ WWW _____



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Tell us about your pet:

Animal's Name _____

Dog Cat Other (specify) _____ Male / Female

Spayed or Neutered? Yes / No D.O.B. ____/____/____ Age _____

Breed _____ Color _____

Has animal been vaccinated against the following within the last year?

Rabies Yes / No Date: ____/____/____ Clinic: _____

Distemper Yes / No Date: ____/____/____ Clinic: _____

Hepatitis Yes / No Date: ____/____/____ Clinic: _____

Parvovirus Yes / No Date: ____/____/____ Clinic: _____

Lyme Yes / No Date: ____/____/____ Clinic: _____

Leptospirosis Yes / No Date: ____/____/____ Clinic: _____

Fecal Exam Yes / No Date: ____/____/____ Clinic: _____

FVRCP (Distemper/Rhinotracheitis) Yes / No Date: ____/____/____ Clinic: _____

Heartworm/Lyme/Ehrlichia Yes / No Date: ____/____/____ Clinic: _____

Feline Leukemia/FIV: Yes / No Date: ____/____/____ Clinic: _____

Has your pet had any drug reactions? Yes / No (specify if yes) _____

NOTES:
