



**Belle Mead**  
**Animal Hospital**  
Joseph Martins, D.V.M.

**HOURS: Mon. 8-8 Tues. 8-8 Wed. 8-6 Thurs. 8-8 Fri. 8-5 Sat. 8:30-12**  
Tel: 908-874-4447 Fax: 908-874-4144  
872 Route 206, Hillsborough, New Jersey 08844  
www.bmvvet.com  
Date \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_

Canine  Feline  Other

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Born: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Y or N

How did you hear about us?: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you currently have other pets in your household? *Please list* \_\_\_\_\_

Diet: \_\_\_\_\_ Servings: \_\_\_\_\_ cup(s) \_\_\_\_\_ times per day.

Currently taking any medications or supplements? *Please list* \_\_\_\_\_

Any history of behavior issues, fear, biting, or aggression? *Please explain* \_\_\_\_\_

Is your pet on a heartworm preventative? Y or N If so, what kind? \_\_\_\_\_

Is your pet on a flea and tick preventative? Y or N If so, what kind? \_\_\_\_\_

Currently any chronic health problems or issues? *Please explain* \_\_\_\_\_

Does your dog visit a groomer, kennel, dog park or engage with other dogs on daily walks? Y or N

Other concerns or questions? \_\_\_\_\_

Has your pet been microchipped? Y or N Do your cat's feet ever touch grass? Y or N

Do you practice any at home dental care (i.e. brushing, dental, diet) \_\_\_\_\_

Is your pet's rabies vaccination up to date? Y or N *(Proof of vaccination is mandatory)*  
Date last administered: \_\_\_\_\_ Where: \_\_\_\_\_

May we contact your previous veterinarian for your pet's medical records? Y or N  
If yes, Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_