



# Bloom Animal Hospital, P.C.

734/425-2270

## Allergy & Dermatology Clinic for Animals, P.C.

734/422-8070



31205 Five Mile • Livonia, MI 48154

So that we may become better acquainted, please COMPLETELY fill in the following:

### CLIENT INFORMATION

DATE \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

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

Phone (AREA CODE) ( ) \_\_\_\_\_ Work phone (AREA CODE) ( ) \_\_\_\_\_

Spouse's work phone (AREA CODE) ( ) \_\_\_\_\_ Cell phone (AREA CODE) \_\_\_\_\_

Email address \_\_\_\_\_

### FOR CHECK WRITING PRIVILEGES PLEASE COMPLETE THE FOLLOWING:

Place of Employment : Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**All fees are due at the time services are rendered.**

Please indicate choice of payment. Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa/Mastercard \_\_\_\_\_ Citihealth \_\_\_\_\_

How did you first become **AWARE** of our clinic?

Primary care veterinarian \_\_\_\_\_ Drove by \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Previous Client \_\_\_\_\_ Internet \_\_\_\_\_ LocalVets.com \_\_\_\_\_

Personal Recommendation (whom may we thank?) \_\_\_\_\_

Do you have any other pets at home? No \_\_\_\_\_ Yes \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_

Do you take your pet to boarding kennels, grooming shops or obedience school? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

### PATIENT INFORMATION - PLEASE FILL IN FOR ALL PETS OWNED.

|                                      | PET #1 | PET #2 | PET #3 |
|--------------------------------------|--------|--------|--------|
| NAME                                 |        |        |        |
| BREED                                |        |        |        |
| DATE OF BIRTH                        |        |        |        |
| COLOR                                |        |        |        |
| SEX: MALE OR FEMALE                  |        |        |        |
| SPAYED OR CASTRATED?                 |        |        |        |
| <b>VACCINATION HISTORY - DOG</b>     |        |        |        |
| RABIES                               |        |        |        |
| DHLP PARVO - Distemper-Parvo complex |        |        |        |
| CORONA                               |        |        |        |
| BORDETELLA (Kennel Cough)            |        |        |        |
| FECAL (Stool Sample)                 |        |        |        |
| HEARTWORM TEST/PREVENTION?           |        |        |        |
| <b>VACCINATION HISTORY-CAT</b>       |        |        |        |
| RABIES                               |        |        |        |
| DISTEMPER COMPLEX                    |        |        |        |
| CHLAMYDIA                            |        |        |        |
| LEUKEMIA TEST                        |        |        |        |
| LEUKEMIA VACCINE                     |        |        |        |
| FECAL (Stool Sample)                 |        |        |        |

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

**Dr. Paul Bloom**

Diplomate ABVP • Feline & Canine Specialty  
Diplomate, American College of Veterinary Dermatology  
Assistant Adjunct Professor, Department of Dermatology, MSU

**Dr. Connie Zielinski • Dr. Kelly Flannigan**



Livonia's First Inspected and Approved Hospital