WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

Client Information

Name _____ Date: _____
Last Name First Name Initial

Spouse/Partner:_____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Spouse/Partner- Work/Cell Phone: _____

E:Mail Address: _____ Driver's License # _____

Cell Phone: _____

Reason for visit: _____

How did you learn about our practice? Friend/Neighbor ____ Facebook ____ Newspaper____ Web _____ TV ____ DMV _

Drive By_____ Other (please specify) _____

Pet Information

Pet's Name: _____ Type of Animal: ___Canine ___Feline ___Other

Breed: _____

Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Color: _____ Date of Birth: _____ Weight: _____

Microchip: _____

Has this pet been examined by a veterinarian within the past year: Y/N

Has this pet bitten anyone in the last ten days? Y/N

Please check any symptoms or problems that you have noticed about your pet:

☐ Behavior Problems	☐ Lack of Appetite	☐ Sneezing
☐ Bleeding Gums	☐ Limping	☐ Thirst and/or Urination increased
☐ Breathing Problems	☐ Loss of Balance	☐ Vomiting
☐ Coughing	☐ Scooting	☐ Weakness
☐ Diarrhea	☐ Scratching	☐ Weight Problem
☐ Eye Bulging or Bloodshot	☐ Seems Depressed	☐ Other
☐ Gagging	☐ Shaking Head	

Current Medications, if any: _____

Describe your pet's Diet: _____

Prior Illness/Injury/Surgery: _____

Allergies to Medicine/Vaccines: _____

Authorization

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 release and that a deposit may be required for surgical treatment.

Signature of Owner/or acting as agent for the owner _____

Date: _____

Method of Payment: ___ Credit Card ___ Check ___ Cash ___ Care Credit