



Welcome

Client information

Date: _____ Email: _____
Name (Last Name First): _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Employer's Address: _____
Work Phone: _____
Emergency Contact Name: _____ Phone: _____
How did you learn about our practice? _____
Primary reason for visit: _____

Pet information

Pet's Name: _____ Dog Cat Other: _____
Sex: M F Age: _____ Birth Date: _____ Breed: _____
Color: _____ Neutered/Spayed: Yes No At what age? : _____
What age was pet obtained? : _____ From: Friend Breeder Pet Shop Humane Society Other: _____
Describe your pet's diet: _____
List your pet's current medication: _____
Please check any symptoms or problems you've noticed with your pet:
 Appetite Loss Gagging Sneezing
 Behavioral Changes Gums Bleeding Thirst
 Breathing Problems Limping Urination Increase
 Coughing Loss of Balance Vomiting
 Depression Scooting Weakness
 Diarrhea Scratching Other: _____
 Eye Disorders: Shaking Head Other: _____
Pet's History (Check all that pets has received): _____
 Distemper Feline Leukemia Test Prior Surgery: _____
 Parvovirus (dog) FVRCP(infectious Disease-cat) Prior Illness: _____
 Rabies Bordetella Dental
 Other: _____

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 the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Payments accepted are American Express, Discover, Master Card, Visa, Debit, and Cash. Sorry no checks.

Signature of client responsible for pet(s) _____ Date: _____