welcome

Client Information

Date: _____

Owner (Last Name First): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Co-Owner/Spouse (Last Name First): _____

E-mail Address: _____ Phone: (_____) _____

Emergency Contact Name: _____ Phone: (_____) _____

How did you learn about our practice? _____

Number of pets (please specify by type) _____

Primary reason for visit: _____

Pet Information

Pet's Name: _____ ❑ Dog ❑ Cat ❑ Other _____

Sex: ❑ M ❑ F Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed: ❑ Yes ❑ No At what age? _____

What age was pet obtained? _____

From: ❑ Friend ❑ Breeder ❑ Pet Shop ❑ Humane Society ❑ Other _____

Reason for obtaining pet (check all that apply) ❑ Companion ❑ Protection ❑ Breeding
❑ Show ❑ 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	❑ Eye Disorders: _____	❑ Shaking Head	❑ Other: _____

Pet's History (check all that pet has received)

❑ Distemper	❑ Feline Leukemia Test	❑ Prior Surgery: _____
❑ Parvovirus (Dog)	❑ FVRCP (Infectious Disease-Cat)	❑ Prior Illness: _____
❑ Rabies (Dog/Cat)	❑ 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.

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

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