WELCOME to our practice

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	❑ Other: ____________
❑ 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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