WELCOME

Client Information

Name (Last Name First): ______________________________ Date: ____________

Address: ______________________ City/State/Zip: ________________________

Home Phone: ____________ Cell Phone: ____________ Work Phone: __________

Email: _______________________ Driver License #:_____________________

Birthdate: __________________ Employer: ___________________

Emergency Contact Name: ________________ Emergency Contact Phone # __________

Primary reason for visit: ____

How did you learn about our practice?: _____________________________________

Pet Information

Pet's Name: _________________________ Dog____ Cat____ Other____________

Sex: _____ Male _____ Neutered _____ Female ______ Spayed At what age?: ____________

Birthdate: ___________ Breed: ____________________ Color_________________

Previous Veterinarian/Clinic: _________________ At what age was pet obtained?: _______

From: ______ Friend ______ Breeder ______ Pet Shop ______ Humane Society ______ Other__________

Reason for obtaining pet: ____ Companion ____ Protection ____ Breeding ____ Show ____ Other _____

Pet's Diet (brand, amount, frequency): ____

List your pet's current medications (include heartworm, flea and tick prevention):

____

Please check any symptoms or problems you've noticed with your pet:

- ❑ Appetite Loss
- ❑ Behavioral Changes
- ❑ Breathing Problems
- ❑ Coughing
- ❑ Depression
- ❑ Diarrhea
- ❑ Eye Disorders:_______________
- ❑ Gagging
- ❑ Gums Bleeding
- ❑ Limping
- ❑ Loss of Balance
- ❑ Scooting
- ❑ Scratching
- ❑ Shaking Head
- ❑ Sneezing
- ❑ Thirst
- ❑ Urination Increase
- ❑ Vomiting
- ❑ Weakness
- ❑ Other:_______________
- ❑ Other:_______________

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

- ❑ Distemper
- ❑ Parvovirus (Dog)
- ❑ Rabies (Dog/Cat)
- ❑ Feline Leukemia Test
- ❑ FVRCP (Infectious Disease-Cat)
- ❑ Dental
- ❑ Prior Surgery:________
- ❑ Prior Illness:_________
- ❑ Other:_______________

Payment & 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 PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED. We will gladly prepare a written estimate for cost of services upon request (please ask technician or receptionist). I also understand that a deposit for surgery may be required at the time of drop off. We offer several options for payment including Cash, Checks, Care Credit, Visa, MasterCard, and Discover. We do not offer billing as an option. I have read, understand, and agree to the above terms.

Signature of client responsible for pet(s) ___________________________________ Date ______________

FORM OF PAYMENT: CASH______ CHECK ______ VISA ______ MASTERCARD ______ DISCOVER ______ CARE CREDIT ______