



WELCOME

Account # _____

Client Information:

Date: _____ E-mail: _____
 Name: *last*: _____ *first*: _____
 Spouse/Significant others name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: () _____ Cell Phone: () _____
 Employer: _____ Work Phone: () _____
 Emergency Contact: _____ Emergency Contact #: () _____
 Primary reason for visit: _____

Pet Information:

Pets Name: _____ Dog: _____ Cat: _____ Other: _____
 Male: _____ Female: _____ Birthdate: _____ Color: _____
 Is your pet: Neutered: _____ Spayed: _____ If so, at what age: _____
 What age was pet obtained? _____
 Where obtained (ex. Breeder, pet store)? _____
 Describe your pets diet: _____
 List any medications your pet is currently on: _____

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

Appetite Loss _____	Gagging _____	Sneezing _____
Behavioral Changes _____	Gums Bleeding _____	Thirst _____
Breathing Problems _____	Limping _____	Urination Increase/Decrease _____
Coughing _____	Loss of Balance _____	Vomiting _____
Depression _____	Scotting _____	Weakness _____
Diarrhea _____	Scratching _____	Other _____
Eye Problems _____	Shaking Head _____	Other _____

Pet's History (check all that apply):

Distemper/Parvo Vaccine _____ Feline Upper Respiratory Vaccine _____
 Rabies Vaccine _____ Feline Leukemia/FIV Testing _____
 Dental Cleaning _____ Other _____
 Prior Surgery: _____

How did you hear about us?: _____

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 _____

