Client Information

Date: ________________ Social Security #: ____________________________ Birth date: ______________________

Name (Last, First): ____

Address: ____ City/State/Zip: ___________________________________

Home Phone: (______) ________________________ Employer: ____

Work Phone: (______) _________________________ Employer's Address: ____

Emergency Contact: ____ 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 ____ Sex: M ____ F ____

Age: _______ Birth date: ___________________ Breed: ____

Color: _______________________ Neutered/Spayed: Yes ____ No ____ If yes, at what age: ____________

What age was pet obtained: ____

From: Friend ____ Breeder ____ Pet Shop ____ Humane Society ____ Other: __________________________________

Describe your pet's diet: ____

Is your pet currently on any medication? Yes ____ No ____ If yes, what? ____

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

____ Appetite Loss ____ Gagging ____ Sneezing

____ Behavioral Changes ____ Gums Bleeding ____ Increased Thirst

____ Breathing Problems ____ Limping ____ Increased Urination

____ Coughing ____ Loss of Balance ____ Vomiting

____ Depression ____ Scooting ____ Weakness/Lethargy

____ Diarrhea ____ Scratching ____ Other: ________________

____ Eye Disorder ____ Shaking Head ____ Other: ________________

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

____ Distemper ____ Feline Leukemia Test ____ Prior Surgery: ____________

____ Parvo Virus ____ FVRCP ____ Prior Illness: ____________

____ Rabies ____ 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 DUT AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s): ____ Date: ______________________