



Welcome to our clinic!

We are pleased to have the opportunity to care for your pet. To ensure your pet gets the best care we can offer, please fill out this form completely and bring it with you to your appointment.

Client Information:

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birthdate: ____/____/____ Phone: (____) _____ Email: _____

Drivers License: _____ State: _____ SSN: _____

Employer: _____ Work Phone: (____) _____

Emergency Contact Name: _____ Phone: (____) _____

Pet Health History:

Pet's Name: _____ Age: _____

Type: _____ Breed: _____ Color: _____

Sex: Male Female Neutered/Spayed: Y N Date: ____/____/____

Current medications your pet is taking:

Vaccination History:

Distemper Date: __/__/__ Parvovirus Date: __/__/__ Rabies Date: __/__/__

Primary reason for visit: _____

Symptoms your pet is demonstrating:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Appetite Loss | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Thirst |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Eye Disorders | <input type="checkbox"/> Scooting | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Gagging | <input type="checkbox"/> Scratching | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Gums Bleeding | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Limping | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Other: _____ |

Prior Surgeries: _____

Prior Illnesses: _____

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 responsible party _____ Date: __/__/__