

WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Client Information

Owner _____ Spouse/other contact name _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Cell phone _____ Work _____
Employer's name and address _____
Best time to reach you _____ Driver's License # _____
Social Security # _____

How did you learn about our clinic? (yellow pages, friend, sign, internet, referral) _____

Pet Information

Pet's name _____ Breed _____ Color _____
Date of Birth _____ Sex(circle) Male/Female Neutered/Spayed
Vaccination History _____ Diet fed _____
Reason for today's visit _____ Current Meds _____
Any health problems? _____

Please circle any symptoms or problems you have noticed about your pet.

Behavior problems Gagging Sneezing Bleeding gums Lack of appetite Increased thirst Increased urination
Breathing problems Loss of balance Vomiting Diarrhea Scooting Weakness Coughing Scratching
Eye discharge Shaking head Biting skin Other _____

List other pets in contact with this pet _____

I hereby authorize the veterinarian to examine, perform diagnostic tests, perform recommended surgery, prescribe medications 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.*

Method of Payment:(Circle one) Cash Care Credit Check
Mastercard Visa Discover

Signature _____ Date _____