

WELCOME

Client Information

Date: _____
Name: _____
Address: _____ City/State/Zip: _____
Home phone: (____) _____ Employer: _____
Work phone: (____) _____ Employer's address: _____
Cell phone: (____) _____ Email address: _____
Emergency contact name: _____ Phone: (____) _____
How did you learn about our practice?: _____
Number of pets (please specify by type): _____

Pet Information

Pet's Name (for today's visit): _____ Dog Cat Other _____
Breed: _____ Color: _____
Sex: M F Age: _____ Neutered/Spayed: Yes No At what age?: _____
What age was pet obtained?: _____
From: Friend Breeder Pet Shop Humane Society Other: _____
Reason for obtaining pet (check all that apply): Companion Protection Breeding Show
Pet's diet (brand of food/dry or canned/how often fed): _____
List your pet's current medications: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Appetite Loss | <input type="checkbox"/> Gagging | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Gums bleeding | <input type="checkbox"/> Thirst |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Limping | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eye disorders: _____ | <input type="checkbox"/> Shaking head | <input type="checkbox"/> Other: _____ |

Primary reason for visit (if something other than vaccines, please list current symptoms or concerns):

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 client responsible for pet(s) _____ Date _____