Client Information

Name (Last Name First)_____
Today's Date:_____ Birthdate:_____
Address:_____ City/State/Zip:_____
Home Phone: (_)_____ Email Address:_____
Employer:_____
Work Phone: (_)_____ Employer's Address:_____
Emergency Contact Name:_____ Phone: (_____)_____
How Did You Learn About Us?:_____
Number of Pets (please specify by type):_____
Primary reason for visit:_____

Pet Information

Pet's Name:_____ _ Dog _ Cat _ Other:_____
Sex: _M _F Age:_____ DOB:_____ Breed:_____
Color:_____ 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 _Other:_____
Describe your pets diet:_____
List your pet's current medication:_____

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

_ Appetite Loss	_ Gagging	_ Sneezing
_ Behavioral Changes	_ Gums Bleeding	_ Thirst
_ Breathing Problems	_ Limping	_ Urination Increase
_ Coughing	_ Loss of Balance	_ Vomiting
_ Depression	_ Scooting	_ Weakness
_ Diarrhea	_ Scratching	_ Shaking Head
_ Eye Disorders:_____		_ Other (List all not stated above):_____

_____

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

_ Distemper	_ Feline Leukemia Test	_ Parvovirus (Dog)
_ Rabies (Dog/Cat)	_ Dental	_ FVRCP(Infectious Cat Disease)

_ Prior Surgery:_____ _ Prior Illness:_____
_ 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 DUE AT THE TIME SERVICES ARE RENDERED.

Signature of Client responsible for pet(s)_____ Date_____