

Welcome!



Thank you for entrusting us with the care of your pet; we consider it an honor. To ensure we can provide you with the best care possible, please fill out this form completely.

Client Information

Owner(s): Mrs. Mr. Ms. Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Owner Date of Birth: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Phone: _____

Previous Vet: _____ Their City/State: _____

Number of Pets: Dogs: _____ Cats: _____ Other (specify): _____

How did you hear about us? (check all that apply)

Online Search Website Newspaper Magazine Clinic Sign Personal recommendation

If a recommendation, whom can we thank? _____

In a typical appointment, how much information do you want to be given about your pet's health?

- I want a full explanation—anything and everything.
- I want a brief explanation—just the important stuff.
- Please keep it simple and focus on the things I need to do.

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s) listed below. I assume responsibility for all charges incurred in the care of this animal. I understand that payment is due at time of service and that a deposit may be required for surgical procedures.

Owner's Signature: _____ Today's Date: _____

For your convenience, we accept major credit cards, cash, Care Credit, or check (with a valid driver's license).

Today's Method of Payment: Cash Credit Card Care Credit Check

Welcome!



Pet Information

Pet's Name: _____ Birthdate or Age: _____

Species: Dog Cat Breed: _____ Color: _____

Gender: Male Female Spayed/Neutered? Yes No

Date of Last Rabies Vaccine: _____

Date of Last Distemper or FVRCP Vaccine: _____

Other Vaccines & Last Date Received: _____

Does your pet have allergies? Yes No If yes, what: _____

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what? _____

List any major surgeries your pet has had: _____

List any behavior issues we should be aware of: _____

Food/Diet and treats you give your pet: _____

Additional Pet

Pet's Name: _____ Birthdate or Age: _____

Species: Dog Cat Breed: _____ Color: _____

Gender: Male Female Spayed/Neutered? Yes No

Date of Last Rabies Vaccine: _____

Date of Last Distemper or FVRCP Vaccine: _____

Other Vaccines & Last Date Received: _____

Does your pet have allergies? Yes No If yes, what: _____

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what? _____

List any major surgeries your pet has had: _____

List any behavior issues we should be aware of: _____

Food/Diet and treats you give your pet: _____