



Welcome to Our Practice

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.

Client Information:

How did you learn about our practice? _____

Is there someone we may thank for your referral? _____

Date: _____

Name: (last name first) _____

E-Mail: _____

Address: _____ City/St/Zip: _____

Phone: _____ Work Phone _____

Employer: _____ Employer Address: _____

Birthdate: _____ D.L.# _____

Emergency Contact Person: _____ Phone: _____

Number of pets (please specify by type) _____

Primary reason for visit today? _____

Pet Information:

Pet's Name: _____ Dog Cat Other _____

Sex: Male Female Age: _____ Birthdate: _____

Breed: _____ Color: _____ Spayed/Neutered: _____

What age was pet obtained? _____

From: Friend Pet Store Breeder Humane Society

Other _____

Reason for getting pet (Check All that apply): Companion Protection

Show Breeding Hunting Other _____

Describe pet(s) diet: _____

What brand of food does pet(s) eat? _____

List pet's current medication: _____

Date of pet's last vaccinations: _____ What was given? _____

Where were vaccinations obtained? _____

Date of pet's last Heartworm test: _____ Is pet currently on heartworm prevention? Yes No If yes, what type and how often given? _____

Is pet currently on flea control? Yes No If yes, what type and how often given? _____

Any special needs that our Doctors should be aware of? Yes No

If yes, please explain _____

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.** We gladly accept the following forms of payment: Cash Check Visa MasterCard Discover Care Credit

Signature of client responsible for pet(s)

Date