



# Welcome to our clinic

We are glad to have the opportunity to care for your pet. To ensure your pet gets the best care we can offer, please fill out this form completely.

### Client Information:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/other: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Number of pets (please specify type) \_\_\_\_\_

### Pet Healthy History:

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Neutered/Spayed: Yes \_\_\_ No \_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Current medications your pet is taking: \_\_\_\_\_

### Vaccination History:

Distemper Date: \_\_\_/\_\_\_/\_\_\_ Parvovirus Date: \_\_\_/\_\_\_/\_\_\_ Rabies Date: \_\_\_/\_\_\_/\_\_\_

Primary Reason for Visit: \_\_\_\_\_

### Symptoms your pet is demonstrating:

- |                    |               |                 |                     |
|--------------------|---------------|-----------------|---------------------|
| Appetite Loss      | Diarrhea      | Loss of Balance | Thirst              |
| Behavioral Changes | Eye Disorders | Scotting        | Urination Increases |
| Breathing Problems | Gagging       | Scratching      | Vomiting            |
| Coughing           | Gums Bleeding | Shaking Head    | Weakness            |
| Depression         | Limping       | Sneezing        | Other _____         |

Prior Surgeries:

Prior Illnesses: \_\_\_\_\_

### 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 responsible party \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_