

# WELCOME

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 possible care, please take the time to fill in this form completely. Thank you!

## Client Information

Owners name: \_\_\_\_\_ Spouse/other contact name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Employer's name and address: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

How did you learn about our clinic?(yellow pages, friend, referral, sign) \_\_\_\_\_

Social Security #: \_\_\_\_\_

## Pet Information

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex(circle) Male Female Neutered Spayed

Vaccination History: \_\_\_\_\_ Diet fed: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_ Current Medication: \_\_\_\_\_

Any health problems?: \_\_\_\_\_

**Please circle any symptoms or problems you have noticed about your pet.**

Behavior problems Gagging Sneezing Bleeding gums Lack of appetite Increased thirst Increased urination

Breathing problems Loss of balance Vomiting Diarrhea Scooting Weakness Coughing Scratching

Eye discharge Shaking head Biting skin Other: \_\_\_\_\_

List other pets in contact with this pet: \_\_\_\_\_

I hereby authorize the veterinarian to examine, perform diagnostic tests, perform recommended surgery, prescribe medications 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.*

Method of Payment: Cash Check MasterCard Visa Discover

Signature: \_\_\_\_\_ Date: \_\_\_\_\_