

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

CLIENT INFORMATION

PLEASE PRINT Date _____
 Owner _____
 Address _____ City _____
 State _____ Zip _____ Email _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Spouse _____ Spouse Work Phone _____
 Emergency Contact Name _____ Phone _____
 Number of Pets: Dogs _____ Cats _____ Other (specify) _____
 Reason for Visit _____

PET HEALTH HISTORY

(If Unknown Leave Blank) →	PET #1	PET #2	PET #3
NAME:			
BREED:			
DATE OF BIRTH:			
COLOR:			
SEX; Spayed or Neutered?:			
YOUR DOG'S VACCINATION HISTORY			
RABIES:			
DA2PPVL:			
BORDETELLA:			
FECAL (stool sample):			
HEARTWORM Test/Prevention:			
YOUR CAT'S VACCINATION HISTORY			
RABIES:			
FVRCP:			
FELINE LEUKEMIA:			
FELV/FIV TEST:			
FECAL (stool sample):			

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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Method of payment: Cash Check Mastercard Visa Other _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

How did you learn of our clinic? Yellow Pages Recommendation
 Drove by Other _____

If recommended, who may we thank? _____