





**CLIENT INFORMATION**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Emergency Contact (Relation): \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. no. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**Pet Information**

 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip? Y N  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Has your pet been spayed or neutered? Y N  
Date of last vaccinations: \_\_\_\_\_

 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip? Y N  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Has your pet been spayed or neutered? Y N  
Date of last vaccinations: \_\_\_\_\_

**I hereby authorize the veterinarian to examine, prescribe for, and treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also agree to pay all charges at the time they are incurred. In case of an Emergency, an examination fee of \$115.00 will be due and understand that a deposit may be required for emergency treatment. I acknowledge in the event of my account balance aging over 60 days the account will be turned over to a Collection agency and a collection fee will be added to my account.**

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



**Pet's Name:** \_\_\_\_\_

During today's visit your pet will have a thorough physical exam completed by your veterinarian. Our goal is to identify problems that may be early in developing, and treat any concerns that may already be present. Please answer the following questions to help us establish your pet's health history. This helps us to increase the likelihood of a longer, more comfortable and active life for your pet.

Have you noticed:

- |   |                                      |        |
|---|--------------------------------------|--------|
| <input type="checkbox"/> A change in appetite?.....   | NO                                   | YES    |
| <input type="checkbox"/> Weight gain or weight loss?.....   | NO                                   | YES    |
| <input type="checkbox"/> Excessive itching or scratching?.....  | NO                                   | YES    |
| <input type="checkbox"/> Lumps or bumps?.....   | NO                                   | YES    |
| <input type="checkbox"/> Dental problems (bad breath, tartar, blood in mouth)?.....                   | NO                                   | YES    |
| <input type="checkbox"/> Stiffness on rising, less willing to jump in the car?.....                   | NO                                   | YES    |
| <input type="checkbox"/> Decrease in energy level?.....   | NO                                   | YES    |
| <input type="checkbox"/> Coughing, sneezing or difficulty breathing?.....                             | NO                                   | YES    |
| <input type="checkbox"/> Vomiting?.....   | NO                                   | YES    |
| <input type="checkbox"/> Change in bowel movements (consistency or frequency)?.....                   | NO                                   | YES    |
| <input type="checkbox"/> Change in drinking/urination (circle-less or more)?.....                     | NO                                   | YES    |
| <input type="checkbox"/> Eye problems (vision change, discharge)?.....                                | NO                                   | YES    |
| <input type="checkbox"/> Ear problems (head shaking, scratching, odor, discharge)?.....               | NO                                   | YES    |
| <input type="checkbox"/> Fleas or ticks?.....   | NO                                   | YES    |
| <input type="checkbox"/> Do you board your pet, take to daycare or grooming?.....                     | NO                                   | YES    |
| <input type="checkbox"/> For Dogs: travel out of state?.....  | Monthly heartworm preventative?..... | NO YES |
| <input type="checkbox"/> For Cats: does your cat go outdoors or come in contact with other cats?..... |                                      | NO YES |

Please list all medications, supplements that your pet currently receives: \_\_\_\_\_

What do you feed your pet, how often and how much? \_\_\_\_\_

Please mention any concerns you have that are not on this list to your veterinarian.