



We are pleased to welcome you to our practice! Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

**How did you hear about our hospital?**

Referral  Phone Book  Website  Google  Newspaper  Noticed building

LocalVets.com  Magazine  Other: \_\_\_\_\_

**If you were referred, who can we send a thank-you gift certificate to?** \_\_\_\_\_

**Client Information**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Last) (First) (Initial)

Spouse or other caregiver(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I would prefer my primary phone contact to be:  Home  Work  Cell

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

In Case of EMERGENCY call: (alternate number or contact) \_\_\_\_\_

I will be paying with:  Cash  Check  Debit Card  MC or VISA

Do we have your permission to publish photos of you and/or your pet on our website/facebook?  Yes  No

**Authorization:**

*I hereby authorize the veterinarian to examine, prescribe for, or treat the below described pets. I assume responsibility for all charges incurred in the care of this/these animals. I also understand that these charges will be paid at the end of the appointment and that a deposit may be required for surgical treatment.*

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

**Patient Information**

Pet's name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed:  Yes  No At what age? \_\_\_\_\_

Where did you obtain this pet?  Breeder  Humane Society  Other \_\_\_\_\_ At what age? \_\_\_\_\_

Diet (kind and amount of food being fed) : \_\_\_\_\_

Please describe any:

Behavioral Issues: \_\_\_\_\_

Medications/Supplements: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

Previous Surgeries: \_\_\_\_\_

**\*\*Additional pets can be continued on the reverse side of this form\*\***

Second pet's name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed:  Yes  No At what age? \_\_\_\_\_

Where did you obtain this pet?  Breeder  Humane Society  Other \_\_\_\_\_ At what age? \_\_\_\_\_

Diet (kind and amount of food being fed) : \_\_\_\_\_

Please describe any:

Behavioral Issues: \_\_\_\_\_

Medications/Supplements: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

Previous Surgeries: \_\_\_\_\_

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Third Pet's name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed:  Yes  No At what age? \_\_\_\_\_

Where did you obtain this pet?  Breeder  Humane Society  Other \_\_\_\_\_ At what age? \_\_\_\_\_

Diet (kind and amount of food being fed) : \_\_\_\_\_

Please describe any:

Behavioral Issues: \_\_\_\_\_

Medications/Supplements: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

Previous Surgeries: \_\_\_\_\_

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Fourth Pet's name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed:  Yes  No At what age? \_\_\_\_\_

Where did you obtain this pet?  Breeder  Humane Society  Other \_\_\_\_\_ At what age? \_\_\_\_\_

Diet (kind and amount of food being fed) : \_\_\_\_\_

Please describe any:

Behavioral Issues: \_\_\_\_\_

Medications/Supplements: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

Previous Surgeries: \_\_\_\_\_