



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

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

Do we have your permission to obtain previous medical records from another veterinary clinic? If so, please list clinic name so that we may contact them.

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: _____

(See next page for patient information)

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: _____

Previous Veterinary Clinic (if different from above): _____

Additional Pets:

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: _____

Previous Veterinary Clinic (if different from above): _____
