Welcome

Client Information

Date:______________ Social Security #: ____________________ Birthdate:____________________

Name (Last Name First): ____

Address: ____________________________________ City/State/Zip: ____________________

Home Phone: (_____)______________ Employer: ______________________________________

Work Phone: (_____) ______________ Employer's Address: ______________________________

Emergency Contact Name:____________________________________ Phone: (_____)__________

How did you learn about our practice?: ____

Number of pets (please specify by type):____

Primary reason for visit: ____

Pet Information

Pet's Name:____ ❑ Dog ❑ Cat ❑ Other___________

Sex: ❑ M ❑ F Age:_______ Birthdate:_______________ Breed:____________________

Color: ______________________ Neutered/Spayed: ❑ Yes ❑ No At what age?:______________

What age was pet obtained?:____

From: ❑ Friend ❑ Breeder ❑ Pet Shop ❑ Humane Society ❑ Other______________________

Reason for obtaining pet (check all that apply): ❑ Companion ❑ Protection ❑ Breeding

❑ Show ❑ Other____

Describe your pet's diet: ____

List your pet's current medication:____

Please check any symptoms or problems you've noticed with your pet:

❑ Appetite Loss	❑ Gagging	❑ Sneezing
❑ Behavioral Changes	❑ Gums Bleeding	❑ Thirst
❑ Breathing Problems	❑ Limping	❑ Urination Increase
❑ Coughing	❑ Loss of Balance	❑ Vomiting
❑ Depression	❑ Scooting	❑ Weakness
❑ Diarrhea	❑ Scratching	❑ Other:_____________
❑ Eye Disorders:_____________	❑ Shaking Head	❑ Other:_____________

Pet's History (check all that pet has received):

❑ Distemper	❑ Feline Leukemia Test	❑ Prior Surgery:_______
❑ Parvovirus (Dog)	❑ FVRCP (Infectious Disease-Cat)	❑ Prior Illness:_______
❑ Rabies (Dog/Cat)	❑ Dental	❑ Other:__________

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 the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s)__________________________________ Date____________

#15147 – © 2006 Medical Arts Press® 1-800-328-2179