



CLIENT AND PATIENT INFORMATION

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. We look forward to working with you to create wellness in your pet.

Client Information

Owner Contact Information (Place * by primary contact phone #)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____

Driver's License # (if paying by check): _____

Email Address: _____

Employer: _____

Work Phone: _____

Spouse or Co-Owner Contact Information

Name: _____ Cell Ph: _____

Employer: _____

Work Phone: _____

Please tell us how you learned about us? Friend/Neighbor Phone Book

Street Sign Rescue Event Flyer/Brochure

Internet _____

Other _____

Referred by a friend/neighbor – Who may we thank for this referral?

FINANCIAL POLICY: I/We assume responsibility for all charges incurred in the care of our pet and in the future. I/We also understand that these charges will be paid in full at the time of visit. We accept cash, check, Discover, Visa, and Mastercard. Any questions, feel free to discuss prior to the services.

Owner/Responsible party: _____

Alternative authorization: _____

Date: _____

Thank You!

Pet Information

please complete for each pet

Pet's Name: _____

Pet Species: Dog Cat Other _____

Breed: _____ Color: _____

Sex: Male Female Age: _____ Birthdate: _____

Neutered/Spayed: Yes No If yes, at what age: _____

Does your pet have an I.D. Microchip: Yes No

Temperament: Outgoing/Social Neutral Shy Aggressive

Veterinary hospital where past records may be obtained:

Is your pet on heartworm prevention? Yes *please specify* No

Is your pet on flea/tick prevention? Yes *please specify* No

Does your pet have allergies? Yes *please specify* No

Has your pet ever had a dental cleaning? Yes No

Prior illness or surgery: _____

Please list other pets in household (name and species):

Lists supplements, medications and pet's diet (brand, wet/dry, snacks):

Reason for today's visit: _____

ASSESSING YOUR PET'S HEALTH RISK

How many hours a day does your pet spend outdoors? _____

Board, professionally groom or show your pet? Yes No

Do you travel with your pet? Yes *please specify* No

What is your pet's favorite activity? _____

WHAT CONCERNS YOU ABOUT YOUR PET?

- | | | |
|-------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Barking | <input type="checkbox"/> House soiling |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Itching/scratching | <input type="checkbox"/> Increase thirst |
| <input type="checkbox"/> Ear problems | <input type="checkbox"/> Lameness | <input type="checkbox"/> Behavior changes |
| <input type="checkbox"/> Not eating | <input type="checkbox"/> Problems getting up | <input type="checkbox"/> Sores/wounds |
| <input type="checkbox"/> Weight gain/loss | <input type="checkbox"/> Increased urination | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Trouble urinating | <input type="checkbox"/> Aggression |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Trouble defecating | |
| <input type="checkbox"/> Other: _____ | | |

Client Services

We are pleased to offer a wide range of pet health and client services. Please tell us your areas of interest.

- | | |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Puppy Classes |
| <input type="checkbox"/> Surgical Care | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Boarding/DayCare | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Holistic Care | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Referral Program | <input type="checkbox"/> Senior Wellness |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Breed Specific |
| <input type="checkbox"/> _____ | |