



# 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 dog's favorite activity? \_\_\_\_\_

### WHAT CONCERNS YOU ABOUT YOUR PET?

- Bad breath
- Coughing
- Ear problems
- Not eating
- Weight gain/loss
- Vomiting
- Diarrhea
- Barking
- Itching/scratching
- Lameness
- Problems getting up
- Increased urination
- Trouble urinating
- Trouble defecating
- House soiling
- Increase thirst
- Behavior changes
- Sores/wounds
- Separation anxiety
- Aggression
- Other: \_\_\_\_\_

## Client Services

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

- Chiropractic
- Surgical Care
- Holistic Care
- Senior Wellness
- Behavior
- Puppy Classes
- Boarding/DayCare
- Grooming
- Referral Program
- \_\_\_\_\_

