

WELCOME

Client Information

Date: _____

Social Security #: _____ Drivers License #: _____

First Name: _____ Last Name: _____ Birthdate: _____

Address: _____ City: _____

State: _____ Zip: _____ Home # () _____ Cell # () _____

Employer: _____ Work # () _____

Spouse's Name: _____ Phone # () _____

How did you learn about our practice? _____

When the service becomes available, would you like to receive reminders via email or text message?

Email address: _____ Phone # for text mssgs: () _____

Pet Information (Please use the back for additional pets)

Pet's Name: _____ Dog Cat Other _____

Sex: M F Spayed/Neutered: Yes No Age: _____ Birthdate: _____

Breed: _____ Markings/Color: _____

List current medications your pet is on: _____

What type of food does your pet eat? _____

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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Appetite Loss | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Thirst |
| <input type="checkbox"/> Behavioral changes | <input type="checkbox"/> Eye disorders | <input type="checkbox"/> Scooting | <input type="checkbox"/> Urination increase |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Gagging | <input type="checkbox"/> Scratching | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Gums bleeding | <input type="checkbox"/> Shaking head | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Limping | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Other: _____ |

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pets. 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. I assume responsibility for any collection fees.

Signature of client responsible for pet(s)

Date