



Today's Date _____
Your Name _____ Spouse/Other _____
 Children's Names/ages _____
 Mailing Address _____ City _____ State _____ Zip _____
 Street Address _____ **Home Phone #** _____
 Cell # _____ Email _____
 Employer _____ **Work Phone Number #** _____
 Spouse/Other Employer _____ Spouse/Other Work Phone # _____
 Emergency Contact _____ Emergency Contact Phone # _____
 Best time to call you regarding your pet's care _____ How did you hear about us? _____
 Are you over the age of 65? _____

Pet's Name _____ () Male () Female Spayed/Neutered? () Yes or () No
 Date of Birth _____ Breed _____ Color _____
 What food does your pet eat? _____ Where does your pet sleep? _____
 How much time does your pet spend outdoors? Exclusively More than 1/2 Less than 1/2 Almost none
 Who is your regular or previous veterinarian? _____
 What prior illness or health issues has your pet had? _____

If you have more than one pet please fill out second page so we can best know how to meet their needs.

Did you bring previous medical records?	Yes	No
Does your pet have any drug allergies?	Yes	No
Do you take your pet on vacation?	Yes	No
Is your pet on a preventative program for controlling internal parasites?	Yes	No
Is your pet on a preventative program for controlling external parasites (fleas,ticks,mange)?	Yes	No
Does your pet visit the groomer or the dog park?	Yes	No
Has your pet been microchipped?	Yes	No
Has your pet ever had a dental cleaning?	Yes	No
Does your pet swim in area lakes and streams?	Yes	No
Does your pet go hiking or camping with you?	Yes	No

Please circle any of the following that are a concern to you regarding your pet's behavior/health?

Bad Breath
 Excessive barking
 Itching or Hair loss
 House breaking
 Wetting in the house
 Biting
 Problems getting up after laying down
 Vomiting
 Other _____

Payment is due at time of service. Please completely fill out the following:

Method of payment (circle one) Cash Check M/C Visa Discover American Express Care Credit

If paying by check, please provide your driver's license# _____ SS # _____

I hereby authorize the veterinarian to examine, prescribe for or treat the above 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 responsible party: _____ Date _____ / _____ / _____

The information on this form is strictly confidential and is to be used by this practice to provide care and treatment for your pet.

If necessary, this information may also be used for collection purposes.