

Today's Date

## Your Partner in Pet Health

Your Name										
Mailing Address										
City			State	· · · · · · · · · · · · · · · · · · ·	Zip_					
CityStreet Address (if different from ab	ove)			· · · · · · · · · · · · · · · · · · ·						
Home Phone #										
Cell #										
Employer			Work Pho	one Number #						
Cell # Employer E-mail Address										
Spouse/Other										
Spouse/Other Cell #										
Spouse/Other Employer			Spouse/Other	Work Phone #						
Emergency Contact			Emergency Con	ntact Phone #						
How did you hear about us?										
How did you hear about us? Are you over the age of 65?										
	· · · · · · · · ·									
Pat's Nama	(	) Male	() Female	Spayed/Neu	tered?	(	)Ves	or	(	) No
Pet's Name Date of Birth or Age	Rreed	) Whate	() i ciliale	Spayed/Neu	olor	C	)103	01	C	) 110
				C	0101					
Pet's Name	(	) Male	() Female	Spaved/Neu	tered?	(	)Yes	or	(	) No
Pet's Name Date of Birth or Age	Breed	,	( )	C	olor		/		`	,
J										
Is there any history or health concer	rns we should be	e aware of	?							
Who is your regular or previous Ve	eterinarian?									
Who is your regular or previous Ve Does your pet have any drug allergi	eterinarian? ies? No or Yes	5								
Does your pet have any drug allergi	ies? No or Yes	5								
Is your pet currently on any medica	tion? No or Yes	s es			· · · · · · · · ·					
Does your pet have any drug allergi Is your pet currently on any medica Is your pet on a preventative progra	tion? No or Yes tion? No or Y No for controllin	s es			· · · · · · · · ·					
Does your pet have any drug allergi Is your pet currently on any medica Is your pet on a preventative progra Has your pet been microchipped?	tion? No or Yes tion? No or Y am for controllin No or Yes	s es eg external			· · · · · · · · ·					
Who is your regular or previous Ve Does your pet have any drug allergi Is your pet currently on any medica Is your pet on a preventative progra Has your pet been microchipped? <b>Please check any of the following</b> Bad Breath - Itching or Hair loss - In	tion? No or Yes tion? No or Y m for controllin No or Yes that are a a cou	s es g external	parasites (fleas /	ticks) or for ca	nines (	Hea	artworn	n)?	No	or Yes
Is your pet on a preventative progra Has your pet been microchipped?	tion? No or Yes tion? No or Y m for controllin No or Yes that are a a cou	s es g external	parasites (fleas /	ticks) or for ca	nines (	Hea	artworn	n)?	No	or Yes
Does your pet have any drug allergi Is your pet currently on any medica Is your pet on a preventative progra Has your pet been microchipped? <b>Please check any of the following</b> Bad Breath - Itching or Hair loss - In	tion? No or Yes tion? No or Y m for controllin No or Yes that are a a con nproper urination	s g external ncern: in the hous	parasites (fleas / se - Biting - Prob	ticks) or for ca	unines ( g up / do	Hea	artworn	n)?	No	or Yes
Does your pet have any drug allergi Is your pet currently on any medica Is your pet on a preventative progra Has your pet been microchipped? <b>Please check any of the following</b> Bad Breath - Itching or Hair loss - In <b>Payment is</b>	tion? No or Yes tion? No or Y m for controllin No or Yes that are a a con nproper urination s due at time of	s es g external ncern: in the hous service.	parasites (fleas / e - Biting - Prot Please complete	ticks) or for ca	nines ( g up / do	Hea own	artworn - Von	n)? niting	No	or Yes
Does your pet have any drug allergi Is your pet currently on any medica Is your pet on a preventative progra Has your pet been microchipped? <b>Please check any of the following</b> Bad Breath - Itching or Hair loss - In	tion? No or Yes tion? No or Y m for controllin No or Yes that are a a con mproper urination s due at time of rcle one) Cash	s es g external ncern: in the hous service. Check N	parasites (fleas / se - Biting - Prot Please complete A/C Visa Disco	ticks) or for ca blems with getting ely fill out the f	unines ( g up / dc ollowir Expres	Hea own ng:	artworn - Von Care C	n)? niting	No g - v	or Yes

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 confidential and	is used by this practice to	provide care and tre	atment for	r your pet.

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