

# Welcome!



Thank you for giving us the opportunity to care for your pet. We look forward to getting to know you and your friend. Please take the time to fill out this form so that we may provide the most comprehensive care.

## Pet Owner Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Spouse/Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s)

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Type:  Home  Cell  Work

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Type:  Home  Cell  Work

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Type:  Home  Cell  Work

Email Address: \_\_\_\_\_

### How did you learn of our clinic?

Yellow Pages  Newspaper Ad/Publication  Radio  Clinic Sign  Internet/Website  Recommendation  Other \_\_\_\_\_

If someone recommended you come to us, please let us know who we can thank!: \_\_\_\_\_

How many pets are in your household? \_\_\_\_ Dogs \_\_\_\_ Cats \_\_\_\_ Other (species: \_\_\_\_\_)

## Pet Information and History – Please print one for each of your pets. Use back of form if you

Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Male  Neutered  Female  Spayed

Approx. Age/Birthdate: \_\_\_\_\_

If your pet has been to another veterinary clinic, please let us know who we should call for veterinary records:

Clinic Name: \_\_\_\_\_

Clinic Phone (if known): \_\_\_\_\_

Clinic Location: City: \_\_\_\_\_ State: \_\_\_\_\_

### Check any of the following that apply to your pet:

My pet has been given medication recently. The medication(s) are \_\_\_\_\_

My pet has been tested for heartworm disease. The most recent test was performed on \_\_\_\_\_

My pet is on parasite (flea, tick, heartworm) preventatives.

I use \_\_\_\_\_

My pet has had a previous illness or injury.

Date: \_\_\_\_\_ Description: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_

I take my pet to a groomer or a boarding facility at times

My pet is used for hunting or sporting

I am interested in improving the dental care of my pet

I am interested in information on caring for a senior pet

## AUTHORIZATION

**I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care for this animal. I also understand that these charges will be paid for fully at time of release.**

Signature of Owner/Agent of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Accepted: Cash, Check (with driver's license), VISA, MasterCard, Discover, CareCredit