

## CLIENT INFORMATION

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address:

(street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_

What are the best phone numbers to reach you at? #1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home/cell/work?)

#2(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home/cell/work?)

List any other people responsible for care who may bring in your pet (must be over 18; please note relationship to you):

Do you have other pets at home?  Yes  No

If yes, what kind and how many? \_\_\_\_\_

How did you hear about our practice?  Drove by/saw sign  Referral \_\_\_\_\_  Other \_\_\_\_\_  
(please write in person's name so we can thank them)

## NEW PET INFORMATION

Pet's Name: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered?  Yes  No

Age: \_\_\_\_\_

Where did you get your pet from? \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_

Have you had this kind of pet before?  Yes  No

\*What brand of food are you feeding your pet? \_\_\_\_\_  Canned  Kibble

\*How much & how often? \_\_\_\_\_

\*Is your pet on any daily medication, heartworm prevention or flea/tick prevention?  Yes  No

If yes to question above, which medications/preventions? \_\_\_\_\_

\*Is your pet experiencing any coughing/sneezing/vomiting/diarrhea? (circle all that apply)

Do you have any questions or concerns for the vet today? (please list)

Is there anything in the pet's history of which we should be aware? (Personality traits, previous medical problems, drug reactions; please list) \_\_\_\_\_

## PAYMENT

Full Payment is expected at time of service. We will gladly prepare a written Care Plan of service fees if you desire (please ask the receptionist or doctor). There will be a \$35 fee for any returned check.

How do you plan on paying?  Cash  Check  Mastercard/Visa/Discover  Care Credit

**If you have any questions or concerns about payment, please speak to a receptionist BEFORE your appointment)**

Signature of person responsible for pet's care: \_\_\_\_\_

Today's Date: \_\_\_\_\_