



**Client Information**

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

**Owner Contact Information**

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer \_\_\_\_\_

Work # (in case of emergency) \_\_\_\_\_

**How were you referred to us?:**

- another client – Name of referring client \_\_\_\_\_
- yellow pages    walk-in    website    other\_

**Spouse or Co-Owner Contact Information**

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

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

City: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer \_\_\_\_\_

Work # (in case of emergency) \_\_\_\_\_

**Name of anyone else authorized to order treatment or obtain patient information:**

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

Phone #: \_\_\_\_\_

**Assessing Your Pet's Health Risk**

Have you introduced or do you intend to introduce a puppy, adult dog, kitten or cat into your household?

yes    no

yes    no

Do you have more than one dog or cat in your household?

yes    no

yes    no

Is your pet(s) allowed to go outside or come in contact with other animals?

yes    no

yes    no

Do you take your dog(s) to the beach or park?

yes    no

yes    no

Do you professionally groom, show or board your pet(s)?

yes    no

yes    no

Do you take your dog(s) hunting, swimming or hiking in areas with increased exposure to ticks, wildlife or access to rivers or streams?

yes    no

yes    no

Do you have young children in your home?

yes    no

yes    no

Are there any children or adults in your home that are immune compromised from such diseases as diabetes or cancer therapy?

yes    no

yes    no

**Treatment Authorization and Information.** We will gladly prepare a written estimate of service fees if you desire (please ask your doctor or receptionist). All professional fees are due at the time services are rendered. We accept cash, check and major credit cards. In case of extensive medical or surgical procedures, we do require a deposit. We offer Care Credit financing for qualified clients, please ask a receptionist for details. Returned checks are subject to a \$20 returned check fee. All balances are subject to a monthly finance charge. If it becomes necessary to send your account to a collection agency, you are responsible for all collection fees incurred. I am the owner or authorized agent for the owner of the above pet and have the authority to execute this agreement. I authorize the Veterinary Clinic to examine and treat the above pet. I affirm that the above information is accurate and correct. I agree to defend, indemnify, and hold the Veterinary Practice harmless for any claims and injuries that I may have or suffer that arise as a result of, or are caused by, my pet.

I HAVE READ THE PREVIOUS STATEMENT AND AGREE TO THE TERMS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**  
Please tell us about your pet(s)



# OUR MISSION

Our mission is to provide superior and timely veterinary care for dogs and cats emphasizing preventative medicine delivered in manner that supports and enhances the bond between responsible pet owners and their canine and feline family members.

**Pet Information**  
Pet's Name \_\_\_\_\_

Pet Species  Canine  Feline  Other

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

Sex:  Male  Female Age: \_\_\_\_\_ Birth date \_\_\_\_\_

Neutered/Spayed:  yes  no If yes, at what age \_\_\_\_\_

Where did you obtain your pet?  
 Friend  Breeder  Pet Shop  SPCA  \_\_\_\_\_

For what purpose did you obtain your pet?  
 Companionship  Protection  Breeding  Sporting  Show

Pet's temperament:  Outgoing/Social  Neutral  Shy  Aggressive

What is your pet's diet? \_\_\_\_\_

What vaccines has your pet received? Date received: \_\_\_\_\_

Dog:  DHLPP  Rabies  Parvo  Lepto  Bordetella

Cat:  FVRCP  Rabies  Leukemia

Please list any prior illness or surgery: \_\_\_\_\_  
\_\_\_\_\_

Reason for today's visit: \_\_\_\_\_  
\_\_\_\_\_

**Pet Information**  
Pet's Name \_\_\_\_\_

Pet Species  Canine  Feline  Other

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

Sex:  Male  Female Age: \_\_\_\_\_ Birth date \_\_\_\_\_

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