

New Client/Pet Form

Client Information

SS# _____ Birthdate _____ DL# _____
Name (Last Name First): _____ Spouse or Co-Owner _____
Address: _____ City/State/Zip: _____
Home Phone () _____ Employer: _____
Work Phone () _____ Cell Phone () _____
Emergency Contact Name _____ Phone Number () _____
Email _____
How did you hear about our practice? _____
Primary reason for your visit _____

Pet Information

Pet's Name _____ Dog Cat
Sex: M F Neuter/Spayed: Yes No
Birth Date: _____ Age: _____ Breed: _____ Color: _____
List your pet's current medication: _____

Please check any symptoms you've notice with your pet:

- Appetite Loss Gagging Sneezing Thirst Coughing
 Limping Depression Scooting Weakness Diarrhea
 Scratching Breathing Problems Gums bleeding Urination increase
 Vomiting Shaking Head Behavioral Eye Disorders
 Other _____ Prior Illness _____

Pet's History (check all that your pet has received)-list month/date/year:

- Distemper/Parvo Combo _____ Coronavirus _____ Lyme _____
 Bordetella _____ Rabies (dog/cats) _____ Heartworm Test _____
 Fecal/Stool Test _____ Deworm _____ Feline Distemper Combo _____
 Feline Leukemia Combo Test _____ Feline Leukemia _____
 Heartworm Prevention Flea/Tick Prevention Microchip

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above describe 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 client responsible for pet(s) _____ Date _____