

Please print this form, fill it out, and bring it with you at the time of your appointment. Thank you.

Date: _____

Client Information

Name (Last Name First): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Alternate Phone Number: (____) _____

How did you learn about our practice: _____

E-mail Address: _____

(We send patient vaccination reminders via e-mail)

Pet Information

If you have multiple pets, please feel welcome to fill out additional 'pet information forms'.

Pet's Name: _____ Canine Feline Other: _____

Sex: Male Male (Neutered) Female Female (Spayed)

Pet's Age: _____ Pet's Birthdate (If known): _____

Breed: _____ Color: _____

Is your pet currently using a flea and tick preventative? No Yes

Is your pet taking a monthly heartworm preventative? No Yes

Pet's History (Check all that apply)

Please provide medical records to our receptionists so they can update your pet's vaccination status.

Heartworm Test Date Last Performed: _____ Results: _____

Feline FELV/FIV Test Date Last Performed: _____ Results: _____

Microchip: *Please provide microchip identification number to our receptionists. Thank you.*

Prior Surgery: (Please explain briefly) _____

Prior Illness: (Please explain briefly) _____

Other: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that COMPLETE PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED. We accept Cash, Credit, and Checks; we also accept Care Credit. If you wish to write checks for payment, a copy of your driver's license is required. Please provide this to our receptionists.

Signature or owner/responsible agent: _____

Date: _____