



(Staff Use Only) Patient ID#: \_\_\_\_\_

## WELCOME TO OUR PRACTICE

### Client Information

Date: \_\_\_\_\_ Primary Owner Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ or SSN #: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
How did you learn about our practice?: \_\_\_\_\_  
Number of pets (please specify by type): \_\_\_\_\_  
Primary reason for visit: \_\_\_\_\_

### Pet Information

Patient Name: \_\_\_\_\_  
Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Coat Color \_\_\_\_\_  
Sex: M  F  Neutered/Spayed  Date: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Weight (please use scale): \_\_\_\_\_ lbs  
Has your pet been Micro chipped? Yes  No   
If Yes, Chip #: \_\_\_\_\_  
What age was pet obtained?: \_\_\_\_\_  
Reason for obtaining pet (check all that apply):  
Companion  Protection  Breeding   
Show  Other  \_\_\_\_\_  
Describe your pet's diet: \_\_\_\_\_  
List your pet's current medication: \_\_\_\_\_  
\_\_\_\_\_

**Pet's History (check all that pet has received & enter date last performed by veterinarian)**

Rabies - Dog or Cat : \_\_\_\_\_

#### Dogs:

Distemper : \_\_\_\_\_ Distemper/PCR : \_\_\_\_\_

Parvovirus : \_\_\_\_\_ Leukemia : \_\_\_\_\_

Lymes : \_\_\_\_\_ FIP : \_\_\_\_\_

Bordatella/Kennel Cough : \_\_\_\_\_

Dental - Dog or Cat : \_\_\_\_\_

Prior Surgery : \_\_\_\_\_

Prior Illness : \_\_\_\_\_

Other : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any known allergies?: \_\_\_\_\_  
\_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above 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 \_\_\_\_\_

Staff Initials: \_\_\_\_\_

