



## WELCOME!

Please let us know more about you and your pet.

### **OWNER:**

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

How did you learn about our clinic:

*Facebook / Sign Outside / Website / Google / Yelp / Referral / Other:* \_\_\_\_\_

If someone referred you, please let us know who: \_\_\_\_\_

### **PET HEALTH HISTORY**

Patient's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: \_\_\_\_\_ Spayed/Neutered: Y N Color: \_\_\_\_\_

Vaccination History (date and type of last vaccinations):

\_\_\_\_\_  
\_\_\_\_\_

Please circle any symptoms or problems that you have noticed about your pet:

Behavioral Problems	Lack of Appetite	Sneezing
Bleeding Gums	Limping	Thirst and/or Urination Increased
Breathing Problems	Loss of Balance	Vomiting
Coughing	Scotting	Weakness
Diarrhea	Scratching	Other: _____
Eye Bulging/Bloodshot	Seems Depressed	
Gagging	Shaking Head	

Pet's current medications: \_\_\_\_\_

Pet's current prevention: \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

### **AUTHORIZATION**

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of your animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_