



Welcome to Our Practice!

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely.

Client Information

Owner: _____ Spouse: _____

Address: _____ Apt #: _____ City/St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Date of Birth: _____

Email: _____ Phone: _____

How did you learn of our clinic? _____ *Your email address will only be used by our clinic to provide you with reminders, health bulletins, and other important information in regard to the health of your pet.*

☐ Yellow Pages ☐ Recommendation ☐ Sign ☐ Website ☐ Internet Ad ☐ Facebook

☐ Other _____ If recommended, by whom? _____

Patient Information

Species	Pet's Name	Breed	Color	Date of Birth	Gender	Current Diet / Medications
Dog <input type="checkbox"/> Cat <input type="checkbox"/>					<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	
Dog <input type="checkbox"/> Cat <input type="checkbox"/>					<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	
Dog <input type="checkbox"/> Cat <input type="checkbox"/>					<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	
Dog <input type="checkbox"/> Cat <input type="checkbox"/>					<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	
Dog <input type="checkbox"/> Cat <input type="checkbox"/>					<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	
Dog <input type="checkbox"/> Cat <input type="checkbox"/>					<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	

Is your pet microchipped? ☐ Yes ☐ No Last vaccines and where they were administered: _____

Primary reason for visit today: _____

Authorization

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

Signature of Owner: _____ Date: _____

Anticipated method of payment: ☐ Cash ☐ Check ☐ Credit Card ☐ Care Credit