

# \*Welcome to Our Clinic\*

## Client Information:

Date: \_\_\_/\_\_\_/\_\_\_  
Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home# \_\_\_\_\_ Mobile# \_\_\_\_\_  
Employer: \_\_\_\_\_ Work# \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact  
Name/Relationship: \_\_\_\_\_ # \_\_\_\_\_



## Pet Health History:

Pet #1:  
Pet's  
Name: \_\_\_\_\_  
\_\_\_\_\_  
Birth  
date: \_\_\_\_\_  
\_\_\_\_\_  
Species: DOG or CAT  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sex: MALE or FEMALE  
Neutered? \_\_\_\_\_  
Spayed? \_\_\_\_\_  
Date of last vaccination?  
\_\_\_\_\_  
Current Medications  
your pet is  
taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is your pet on  
Heartworm Prevention?  
\_\_\_\_\_  
Does your pet have any  
long-term medical  
conditions?  
\_\_\_\_\_

Pet #2:  
Pet's  
Name: \_\_\_\_\_  
\_\_\_\_\_  
Birth  
date: \_\_\_\_\_  
\_\_\_\_\_  
Species: DOG or CAT  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sex: MALE or FEMALE  
Neutered?  
\_\_\_\_\_ Spayed? \_\_\_\_\_  
Date of last vaccination?  
\_\_\_\_\_  
Current Medications  
your pet is  
taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is your pet on  
Heartworm Prevention?  
\_\_\_\_\_  
Does your pet have any  
long-term medical  
conditions?  
\_\_\_\_\_

What is your primary reason for you visit today?

How did you hear about us?

\_\_\_\_\_

# 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 the animal. I also understand that all professional fees are due at the time services are rendered. Some cases, a deposit may be required.

Signature of responsible party: \_\_\_\_\_ Date \_\_\_\_\_

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Method of Payment: Cash \_\_\_\_\_ Card \_\_\_\_\_  
Check \_\_\_\_\_

Driver's License # \_\_\_\_\_