Welcome

Thank you for allowing us the opportunity to care for your pet. We are happy to answer any questions you have regarding your Pet's health. To insure the best care possible, please take the Time to fill out this form completely. Thank you!

Date_____

Owner_____ Social Security #_____

Street Address_____

City_____State_____Zip Code_____

Home#_____Cell #_____Work #_____

Spouse_____Social Security #_____

Home#_____Cell#_____Work #_____

Email Address_____

Emergency Contact Name_____

Home#_____Cell #_____Work #_____

PET INFORMATION AND HISTORY

Name of Pet_____ ☐ Dog ☐ Cat ☐ Other_____

Breed_____Color_____Birthdate_____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Vaccination History (Date and Type of last vaccination) _____

_____

Reason For Visit _____

Number of Pets: Dogs_____Cats_____Other_____

Please Mark (X) any symptoms or problems that you have noticed about your pet.

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

Pet's Current Medications _____

_____

Pet's Current diet _____

AUTHORIZATION

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

Signature or Owner _____Date_____

Method of Payment ☐ Cash ☐ MasterCard ☐ Visa ☐ Check (driver's license & Social Sec # Req.)