

Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

Owner Information

Owner: _____ Date: _____
Address: _____ Apt./Ste. _____
City _____ ST _____ Zip code _____
Phone: _____ Alt. Phone: _____ Email: _____
How did you learn about our clinic? Sign Outside Yellow Pages Facebook Recommendation
 Website News Paper Other: _____
If recommended, by whom? _____
Number of Pets Dogs: _____ Cats: _____ Other (Specify): _____

First Pet Information

Name of Pet: _____ Dog Cat Other: _____
Breed: _____ Color: _____ Birthdate: _____
 Undetermined Male Neutered Female Spayed
Please check (✓) any symptoms or problems that you have noticed about your pet:
 Shaking head Lack of Appetite Sneezing
 Depressed Limping Thirst and or Urination Increased
 Breathing Problems Loss of Balance Vomiting
 Coughing Scooting Weakness
 Diarrhea Scratching Other: _____
Pet's current medications: _____
Describe your pet's diet: _____

Second Pet Information

Name of Pet: _____ Dog Cat Other: _____
Breed: _____ Color: _____ Birthdate: _____
 Undetermined Male Neutered Female Spayed
Please check (✓) any symptoms or problems that you have noticed about your pet:
 Shaking head Lack of Appetite Sneezing
 Depressed Limping Thirst and or Urination Increased
 Breathing Problems Loss of Balance Vomiting
 Coughing Scooting Weakness
 Diarrhea Scratching Other: _____
Pet's current medications: _____
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 this 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: _____

Thank you. We look forward to caring for your pets.