

NEW CLIENT/PATIENT INTRODUCTION

Owner's Name _____ Spouse/Other _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other contact number _____

Employer _____ Occupation _____ Work Phone _____

Email _____ SS# or Driver's License # _____

In case of Emergency please call _____

How did you hear about us? (circle one or more) Yellow Pages Sign/Location Internet Other
Personal Recommendation by _____

Pet's Name _____ Date of Birth or Approx. Age _____

Breed _____ Color _____ Microchip # _____

Circle One: Spayed Female Female Neutered Male Male

Date and Type of last vaccinations _____

Hospital from where past medical records may be obtained if necessary _____

Describe your pet's diet _____

Current medications _____

Previous/Existing medical conditions, surgeries, allergies _____

If there have been any changes or problems with the following, please circle:

Appetite Bad Breath Behavior Breathing Coughing Diarrhea Ears

Eyes Gagging Limping Scooting Scratching Sneezing

Urinating Vomiting Water intake Weakness Weight

All professional fees are due at the time services are rendered unless prior arrangements have been made. Upon request, we will gladly prepare a written estimate of service fees. I hereby authorize the veterinarian to exam, prescribe for, or treat the above described pet.

Signature of Owner/Agent _____ Date _____

Method of payment (circle one): Cash Check Debit/Credit Card CareCredit Other _____