

Client/Patient Information

Tell us about you!

Your Name _____ Spouse/Partner's Name _____
Address _____
City _____ State _____ Zip/Postal Code _____
Home Phone _____ Spouse's Work Phone _____
Work Phone _____ Cell Phone _____
Drivers License Number _____ Email Address _____

Who Else is Responsible for your pet?

(Please keep in mind each person on this list will have exclusive authority to make medical decisions for this animal.)

Name _____ Relationship (spouse, co-owner, etc) _____
Name _____ Relationship (spouse, co-owner, etc) _____
Name _____ Relationship (spouse, co-owner, etc) _____

How did you hear about us?

- Phone Book/Yellow Pages
 - Drive By/Sign
 - Internet/Website
 - Individual Who? _____
 - Other _____
-
-

Tell us about your pet?

Pet's Name _____ Color _____
Species _____ Breed _____ Date of Birth _____
Please Circle: Male or Female? Spayed/Neutered/Altered? Yes or No Microchip/tattoo _____

What's your pet's history?

Description/Date

When and where did you get your pet? _____

Medical History

Has your pet had previous medical problems or been treated
for any major medical problems(s)? _____

Is your pet currently on any medication(s)? _____

Has your pet previously been on any medications? _____

Other pets in household

Others in house: _____

Are they in contact? _____

Any new pets? _____

Was there any boarding or other animal exposure? _____

Environmental Factors

Any recent household changes? If so, what kind? _____

Are there any smokers in the home? _____

Does your pet go outside? _____

Does your pet bathe regularly? _____

Is there any possibility of toxin exposure/ingestion? _____

Last Name, First Name _____

Pet's Name _____

Feeding

Type of food (including treats) _____

Water source: bowl or bottle _____

How often do you feed your pet? _____

When did your pet last eat (not the last time you offered food)? _____

Do you give vitamin supplements? If so, which? _____

Enclosure

Type of enclosure: glass/plastic/wood/metal/coated wire...)

Approximate size _____

Type of bedding/substrate _____

Location in house _____

Species Specific:

Birds/Reptiles

Has your pet ever laid eggs? If so, when? _____

Reptiles/Amphibians:

What is the cage temperature? _____

Do you use a thermometer to monitor? _____

Is there a UV light source? _____

Do you monitor humidity? _____

When did your pet last shed? _____

Has your pet ever been dewormed? _____

Any other important information we should know _____

Full payment is required at the time services are provided. I understand that the hospital staff will provide an estimate of current and anticipated charges any time that I request one. By signing below, I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

Signature

Date