



# Welcome



## Client Information

Name \_\_\_\_\_  
*Last* *First*

Address \_\_\_\_\_  
*Street/PO Box* *City, State* *Zip Code*

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email for reminders, newsletters, etc. \_\_\_\_\_

Spouse or Co-Owner \_\_\_\_\_ Phone \_\_\_\_\_

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

## Patient Information

### Pet 1

Name \_\_\_\_\_

Species: Cat Dog Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Birth Date \_\_\_\_\_ Male Female

Spayed/neutered? Yes No

Microchipped? Yes No

Date last vaccination \_\_\_\_\_

Last rabies vaccination \_\_\_\_\_

Where shots obtained \_\_\_\_\_

Any long-term problems? \_\_\_\_\_

Current medications, if any \_\_\_\_\_

Previous clinic \_\_\_\_\_

### Pet 2

Name \_\_\_\_\_

Species: Cat Dog Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Birth Date \_\_\_\_\_ Male Female

Spayed/neutered? Yes No

Microchipped? Yes No

Date last vaccination \_\_\_\_\_

Last rabies vaccination \_\_\_\_\_

Where shots obtained \_\_\_\_\_

Any long-term problems? \_\_\_\_\_

Current medications, if any \_\_\_\_\_

Previous clinic \_\_\_\_\_

*I hereby authorize the veterinarian to exam, prescribe for, or treat the above described pet(s). I assume all responsibility for all charges incurred in the care of this animal(s). I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED.*

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_