

Client Information:

Today's Date: ___/___/___

Mrs. ___ Mr. ___ Ms. ___ Dr. ___

Information current on previous pet's form

First name: _____ MI: _____ Last name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home: (____) _____ Cell: (____) _____ Preferred: Home Cell Email

Employer: _____ Work: (____) _____

Email: _____

Spouse/Significant Other/Relative/Other: _____

Employer: _____ Work: (____) _____ Home/Cell: (____) _____

How did you hear about us? Hospital sign Internet Event Veterinarian: _____

Personal recommendation Whom can we thank? _____

Other: _____

Medicine in which I am interested: Traditional (Western) Holistic (Eastern) Integrative Open

Method of payment today: Payment is required at the time of service. For your convenience, we accept Mastercard, Visa, Discover, CareCredit, cash, or check (with a valid driver's license). **At this time, we do not accept American Express.**

Please check one: Cash Visa Mastercard Discover

Check (DL# _____) CareCredit (**\$200 minimum**)

Photo Release: Indicate your acceptance of our use of your pet's photo for educational and/or record-keeping purposes: Yes No

Pet Information: Name: _____ Species: _____ Age/Birthday: _____

Breed: _____ Color: _____

Male Female Spayed/neutered: Yes No Previous clinic/veterinarian: _____

Does your pet have any known **allergies to food** and/or **medication**? Yes No If yes, to what food or medication? _____

Has your pet ever had a **vaccine reaction**? Yes No If yes, to which one(s)? _____

List any **surgeries** your pet has had: _____

List any **behavior** problems of which we should be aware: _____

Diet and treats: Kibble Canned Raw Home-cooked Combination Other _____

Is your pet on **heartworm** prevention and/or **flea/tick** prevention? Yes No If so, which kind? _____

List any other **medications** or **supplements** your pet is taking: _____

What percentage of time does your pet spend **outside**? _____

Signature: _____