



# VETS *to* PETS

Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Spouse/Other Cell # \_\_\_\_\_

Spouse/Other Employer \_\_\_\_\_ Spouse/Other Work Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you over the age of 65? \_\_\_\_\_

Pet's Name \_\_\_\_\_ ( ) Male ( ) Female Spayed/Neutered? ( ) Yes or ( ) No

Date of Birth or Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet's Name \_\_\_\_\_ ( ) Male ( ) Female Spayed/Neutered? ( ) Yes or ( ) No

Date of Birth or Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Is there any history or health concerns we should be aware of? \_\_\_\_\_

Who is your regular or previous Veterinarian? \_\_\_\_\_

Does your pet have any drug allergies? No or Yes \_\_\_\_\_

Is your pet currently on any medication? No or Yes \_\_\_\_\_

Is your pet on a preventative program for controlling external parasites (fleas / ticks) or for canines (Heartworm)? No or Yes

Has your pet been microchipped? No or Yes

**Please circle any of the following that are a concern:**

Bad Breath - Itching or Hair loss - Improper urination in the house - Biting - Problems with getting up / down - Vomiting - Coughing

**Payment is due at time of service. Please completely fill out the following:**

Method of payment (circle one) Cash Check M/C Visa Discover American Express

If paying by check, please provide your driver's license# \_\_\_\_\_ SS # \_\_\_\_\_

*I hereby authorize the veterinarian to examine, prescribe for or treat the above pet.*

*I assume responsibility for all charges incurred in the care of the animal.*

***I also understand that all professional fees are due at the time services are rendered.***

Signature of responsible party: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The information on this form is confidential and is used by this practice to provide care and treatment for your pet.

If necessary, this information may also be used for collection purposes.