

**NEW CLIENT INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of pets in the home (specify by type): Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Primary reason for visit: \_\_\_\_\_

**PET INFORMATION:**

Name	Dog/Cat	Breed	AGE	Sex M/F	Spay/Neuter	Current Meds.

**CONCERNS (CIRCLE ALL THAT APPLY):**

- |                    |                 |                    |
|--------------------|-----------------|--------------------|
| APPETITE LOSS      | GAGGING         | SNEEZING           |
| BEHAVIORAL CHANGES | WEAKNESS        | THIRST             |
| BREATHING PROBLEMS | LIMPING         | URINATION INCREASE |
| COUGHING           | LOSS OF BALANCE | VOMITING           |
| DEPRESSION         | SCOOTING        | MOUTH CONCERNS     |
| DIARRHEA           | SCRATCHING      | OTHER              |
| EYE DISORDERS      | SHAKING HEAD    |                    |

DATE OF LAST VETERINARIAN EXAM: \_\_\_\_\_

**PAYMENT AUTHORIZATION:**

**I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED 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 OF SERVICES RENDERED. PAYMENTS ACCEPTED ARE VISA, MASTERCARD, DISCOVER, CARE CREDIT, CHECKS AND CASH.**

**SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_**