



# Welcome To our practice

## Client Information

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_

Home Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
Cell Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
Work Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_  
for email reminders and emergency information

## Pet's Information

Pet's Name \_\_\_\_\_  
Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

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

Sex: Male / Female  
neutered / spayed (circle all that apply)

### **Pet's History (check all that are current):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> DHPP                  | <input type="checkbox"/> Heartworm test | <input type="checkbox"/> FVRCP         |
| <input type="checkbox"/> Rabies                | <input type="checkbox"/> Fecal          | <input type="checkbox"/> Rabies        |
| <input type="checkbox"/> Bordetella (6 months) | <input type="checkbox"/> Giardia        | <input type="checkbox"/> FeLV vaccine  |
| <input type="checkbox"/> Lyme Vaccine          | <input type="checkbox"/> Corona         | <input type="checkbox"/> FIV vaccine   |
| <input type="checkbox"/> Leptosporosis         |   | <input type="checkbox"/> FIP vaccine   |
|  |   | <input type="checkbox"/> FeLV/FIV test |
|  |   | <input type="checkbox"/> Fecal         |

Pet's diet: Brand of food \_\_\_\_\_ wet / dry Amount per day \_\_\_\_\_  
Types of treats \_\_\_\_\_ Number per day \_\_\_\_\_  
Do you give table scraps? Y / N What kinds and how often? \_\_\_\_\_

Please answer honestly ☺

**Primary reason for today's visit:** \_\_\_\_\_

List your pet's current medication(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Would you consider alternative treatments such as acupuncture or herbs, if indicated? Yes / No / Not Sure  
(circle one)

### **How did you hear about us?**

Magazine \_\_\_ Postcard \_\_\_ Live Nearby \_\_\_ Yellow Pages \_\_\_ MyJoeCard.Com \_\_\_ Other \_\_\_\_\_  
If referred by someone else, please let us know who so that we may thank them.

If you or your spouse are employed by Garmin or Sprint please indicate here: Garmin \_\_\_ Sprint \_\_\_

### **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 SERVICES ARE RENDERED.

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL**