



# WELCOME

## CLIENT INFORMATION

DATE: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 MAIN NUMBER: \_\_\_\_\_ 2<sup>ND</sup> NUMBER: \_\_\_\_\_  
 SPOUSE: \_\_\_\_\_ SPOUSE NUMBER \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

## PET INFORMATION

PETS NAME	DOG	CAT	SEX		BREED	COLOR	DOB OR AGE
			MALE [ ] NEUTERED [ ]	FEMALE [ ] SPAYED [ ]			
			MALE [ ] NEUTERED [ ]	FEMALE [ ] SPAYED [ ]			
			MALE [ ] NEUTERED [ ]	FEMALE [ ] SPAYED [ ]			
			MALE [ ] NEUTERED [ ]	FEMALE [ ] SPAYED [ ]			

## PLEASE CHECK ANY SYMPTOMS YOU'VE NOTICED WITH YOUR PET

- |   |  |                                     |                                    |
|---|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> APPETITE LOSS      | <input type="checkbox"/> DEPRESSION    | <input type="checkbox"/> LIMPING    | <input type="checkbox"/> URINATION |
| <input type="checkbox"/> BEHAVIORAL CHANGES | <input type="checkbox"/> DIARRHEA      | <input type="checkbox"/> SCOOTING   | -INCREASED [ ]                     |
| <input type="checkbox"/> BREATHING PROBLEMS | <input type="checkbox"/> EYE DISCHARGE | <input type="checkbox"/> SCRATCHING | -DECREASED [ ]                     |
| <input type="checkbox"/> COUGHING           | <input type="checkbox"/> GAGGING       | <input type="checkbox"/> SNEEZING   | <input type="checkbox"/> VOMITING  |

## AUTHORIZATION

*I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET. I ASSUME RESPONSIBILTYY FOR ALL CHARGES INCURRED IN THE CARE OF THE ANIMAL. I ALSO UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIMES SERVICES ARE RENDERED.*

SIGNATURE OF CLIENT RESPONSIBLE FOR PET(S) \_\_\_\_\_ DATE \_\_\_\_\_

**CONFIDENTIAL**