Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

Client Information					
Name					
Primary Phone				**Email**	
Address (city, state, ZIP)					
Employer				**Phone**	
Emergency Contact				**Phone**	
Significant Other				**Phone**	
How did you learn about our clinic? ☐ Facebook ☐ Internet Search ☐ Newspaper ☐ Road Sign ☐ Website ☐ Yellow Pages ☐ Recommendation__If recommended, by whom? ____					
Reason for Visit					
Number of Pets	**Cats**		**Dogs**	**Other (specify)**	

Pet Information						
Name			☐ **Cat**	☐ **Dog**	☐ **Other (specify)**	
Breed		**Color**			**DOB**	
Sex	☐ **Male**	☐ **Neutered**	☐ **Female**	☐ **Spayed**	☐ **Undetermined**	
Where did you get your pet? ☐ Breeder ☐ Humane Society ☐ Pet Store ☐ Rescue ☐ Other: ____						
Describe your pet's diet: ____						
Did you bring previous records?	☐ **Yes, where from?** ____				☐ **No**	
History of Vaccine Reaction?	☐ **Yes, specifically?** ____				☐ **No**	

Are there any health or temperament concerns of which we should be aware?

☐	Allergies	☐	Behavioral Problems	☐	Bleeding Gums
☐	Breathing Issues	☐	Cage and/or Room Aggression	☐	Coughing
☐	Diabetic	☐	Diarrhea	☐	Dog Aggression
☐	Eye(s) Bloodshot or Bulging	☐	Fatigue	☐	Gagging
☐	Gender Aggression ☐ Male? and/or ☐ Female?	☐	Lack of Appetite	☐	Limping
☐	Loss of Balance	☐	Scooting	☐	Scratching
☐	Seems Depressed	☐	Seizures Last Known Seizure: ____	☐	Shaking Head
☐	Sneezing	☐	Thirst and/or Increased Urination	☐	Vomiting
☐	Other: ____				

AUTHORIZATION

By providing my signature below, I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I agree to pay the rate for pet care provided put into effect on the date my pet is checked in to Pets and Vets as Partners. I further agree that in the event the charges are not paid when due that the I must remit full payment in a timely fashion. If full payment is not made within a timely manner then the account will receive a finance charge for every 30 days past its delinquency. Further delinquency, typically exceeding 90 days, will merit my account being turned over to collections if I am unable to be contacted to have arrangements made.

TO BE SCANNED, ATTACHED, AND SIGNED ELECTRONICALLY

Signature: Date: 5/19/2017