



# 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.



Client Information			
<b>Name:</b>		<b>Phone 1:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home	
<b>Address:</b> <i>(including City, State, &amp; Zip Code)</i>		<b>Phone 2:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home	
<b>Email:</b>	<input type="checkbox"/> I do not wish to provide an email		
<b>Employer:</b>		<b>Work Phone:</b>	
<b>Significant Other Name:</b>		<b>Significant Other Phone:</b>	
<b>Emergency Contact:</b>		<b>Emergency Contact Phone:</b>	
<b>How did you learn about our clinic?</b>	<input type="checkbox"/> Community Event <input type="checkbox"/> Facebook <input type="checkbox"/> Flyer/Coupon <input type="checkbox"/> Google Search <input type="checkbox"/> Road Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Referred by:		
<b>Number of household pet</b>	Cats: _____ Dogs: _____ Other (specify): _____		
<b>Reason for today's visit?</b>			
Patient Information			
<b>Name:</b>		<b>Species:</b>	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
<b>Breed:</b>		<b>Color:</b>	
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Female, Spayed <input type="checkbox"/> Male <input type="checkbox"/> Male, Neutered	<b>Date of Birth:</b>	
<b>Where did you get your pet?</b>	<input type="checkbox"/> Breeder <input type="checkbox"/> Family/Friend <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/Shelter <input type="checkbox"/> Stray <input type="checkbox"/> Other: _____		
<b>Has your pet received any medical treatment prior to today?</b>	<input type="checkbox"/> Yes; provided copy of history <input type="checkbox"/> Yes; no copy of history provided <input type="checkbox"/> No <input type="checkbox"/> Unknown history Name of previous vet clinic? _____		
<b>Does your pet have a history of vaccine reactions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown history Specifically which vaccine(s)? _____		
Are there any health or temperament concerns of which we should be aware?			
<input type="checkbox"/> Aggression <input type="checkbox"/> Allergies <input type="checkbox"/> Behavioral <input type="checkbox"/> Dental <input type="checkbox"/> Diabetic <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> Fatigue <input type="checkbox"/> Gagging <input type="checkbox"/> Neurologic <input type="checkbox"/> Orthopedic <input type="checkbox"/> Seizures <input type="checkbox"/> Skin <input type="checkbox"/> Other: _____			
Authorization			

**Pictures/Video:** Pets and Vets as Partners would like to use, reproduce, and/or publish photographs and/or video that may pertain to your pet including their image, likeness and/or voice without compensation. This material may be used in various broadcasted public service advertisements (PSA's), publications, public affairs, recruitment materials, and/or for other related endeavors. This material may also appear on the Pets and Vets as Partners website and/or Facebook page.

Yes, I give authorization to Pets and Vets  No, I do not authorize Pets and Vets

**Finances:** 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 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. Should the services of an outside agency be required for collection of the account, I agree to pay costs of collections including but not limited to collection agency fees, attorney's fees, interest, and court costs.

**Signature:** \_\_\_\_\_

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