Welcome to VetMed Animal Clinic

Client Information

Date: _____ Driver's License #: _____ Birthdate: _____
Name (Last Name First): _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Cell: _____
Employer: _____Work Phone: _____
Emergency Contact Name: _____ Phone: _____
Whom may we thank for referring you? _____
Number of pets (please specify by type) _____
Primary reason for visit: _____
Email: _____ May we contact you by email:☐Yes☐No

Pet Information

Pet's Name: _____☐Dog☐Cat☐Other _____
Sex:☐M☐F Age: _____ Birthdate: _____ Breed: _____
Color: _____ Neutered/Spayed:☐Yes☐No At what age? _____
What age was pet obtained? _____ From:☐Friend☐Breeder☐Pet Shop
☐Humane Society☐Other _____
Reason for obtaining pet (check all that apply)☐Companion☐Protection☐Breeding
☐Show ☐Other _____
What do you feed your pet? (food brand): _____
Any history of medical problems with your pet? _____
List your pet's current medication: _____
Is your pet current on heartworm preventative?☐Yes☐No
Would you like information on pet insurance?☐Yes☐No

Please check any symptoms or problems you've noticed with your pet:

☐Appetite Loss	☐Gagging	☐Sneezing
☐Behavioral Changes	☐Gums Bleeding	☐Thirst
☐Breathing Problems	☐Limping	☐Urination Increase
☐Coughing	☐Loss of Balance	☐Vomiting
☐Depression	☐Scooting	☐Weakness
☐Diarrhea	☐Scratching	☐Other: _____
☐Eye Disorders _____	☐Shaking Head	☐Other: _____

Pet's History (check all that pet has received)

☐Distemper	☐Feline Leukemia Test	☐Prior Surgery: _____
☐Parvovirus (Dog)	☐FVRCP (Infectious Disease-Cat)	☐Prior Illness: _____
☐Rabies (Dog/Cat)	☐Dental	☐Other: _____

Previous Vet Name: _____

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* _____