



Your Pet's History Report

New clients please fill form out completely.

Returning clients please fill out any information that may have changed.

Date: Client Name: Address: City, State: Zip: Home Phone: () Work Phone: () Cell Phone: () E-Mail: (To receive reminds about your pet's vaccinations) Driver's License #: (If you will be paying by check)	Pet's Name: Breed: Color: Birthdate: Weight: Gender: Male or Female Spayed/Neutered: Yes or No Pet Insurance: Yes or No If yes, please list name of provider: Note: Full payment is due at the time that services are rendered. For your convenience we accept Mastercard, VISA, American Express, Discover, Care Credit, cash, and check. Please notify receptionist if you have any questions.
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Please complete the following about your pet's health.

1. Do you use a heartworm preventative? Yes No If yes, list name: Date last given:
2. Do you use a flea/tick preventative? Yes No
3. Have you seen fleas or ticks on your pet? Yes No
4. What brand of food do you feed your pet? How much and how often?
5. Do you provide dental care for your pet? Yes No If yes, please explain
6. Have you noticed any lumps or bumps on your pet? Yes No If yes, please explain
7. Have you noticed any skin or coat problems on your pet? Yes No If yes, please explain
8. Please check if you have noticed any of the following...
 Coughing or labored breathing Limping Tiredness or sluggishness Diarrhea
 Increased Thirst Increased Urination Constipation Vomiting
 Increase/Decrease of weight Other
9. Please list any health issues you would like to discuss with the veterinarian.
10. How did you hear about us?
 Newspaper Ad Roadside Billboard Pennysaver Yellow Pages
 Internet/Website Personal Referral (name) Other