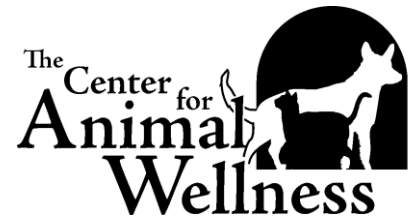


# Welcome To Our Practice



*All of your personal information will be held in the strictest confidentiality.*

## OWNER INFORMATION

Owner Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

How did you initially find out about us? (**Choose ONLY one**):

<input type="checkbox"/> Referred (please name) _____	<input type="checkbox"/> AAHA Accredited	<input type="checkbox"/> Animal Planet	<input type="checkbox"/> Bark! Doggie Daycare
<input type="checkbox"/> Bark Busters Training	<input type="checkbox"/> Brochure/Publications	<input type="checkbox"/> Healthypet.com	<input type="checkbox"/> Location
<input type="checkbox"/> Mouthfuls	<input type="checkbox"/> Online	<input type="checkbox"/> Quality Paws	<input type="checkbox"/> Shelter
<input type="checkbox"/> Sixth Avenue Pet Store	<input type="checkbox"/> Our Website	<input type="checkbox"/> The Whole Cat	<input type="checkbox"/> Yellow Pages

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Species: Canine Feline Sex: Male Female

Is your pet fixed/altered? Yes No

Breed/color/markings: \_\_\_\_\_

Is your pet on Heartworm Prevention? Yes No

If yes, when was it last given? \_\_\_\_\_ Brand: \_\_\_\_\_

Chronic medical conditions/ongoing illness: \_\_\_\_\_

Current Medications (name of drug(s), dosage, and frequency): \_\_\_\_\_

Diet (brand and type of food given): \_\_\_\_\_

Special Notes: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and the treat the described pet(s). I assume responsibility for all charges incurred in the care of the pet(s). I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL PET INFORMATION**

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Species: Canine Feline Sex: Male Female

Is your pet fixed/altered? Yes No

Breed/color/markings: \_\_\_\_\_

Vaccination History	Dates Given

Is your pet on Heartworm Prevention? Yes No

If yes, when was it last given? \_\_\_\_\_ Brand: \_\_\_\_\_

Chronic medical conditions/ongoing illness: \_\_\_\_\_

Current Medications (name of drug(s), dosage, and frequency): \_\_\_\_\_

Diet (brand and type of food given): \_\_\_\_\_

Special Notes: \_\_\_\_\_



**PET INFORMATION**

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Species: Canine Feline Sex: Male Female

Is your pet fixed/altered? Yes No

Breed/color/markings: \_\_\_\_\_

Vaccination History	Dates Given

Is your pet on Heartworm Prevention? Yes No

If yes, when was it last given? \_\_\_\_\_ Brand: \_\_\_\_\_

Chronic medical conditions/ongoing illness: \_\_\_\_\_

Current Medications (name of drug(s), dosage, and frequency): \_\_\_\_\_

Diet (brand and type of food given): \_\_\_\_\_

Special Notes: \_\_\_\_\_