



Date _____

Owner's Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

May we contact you there? _____ Social Security Number _____

Driver's License Number _____

Email Address _____ (for vaccine alerts)

Emergency Contact _____ Phone _____

Whom may we thank for this referral? (this will give a \$20 credit to the referrer's account)

Other _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pets. I understand that if I do not pay this account as agreed, the account is subject to costs of collection. I also understand that all professional fees are due at the time services are rendered.

Signature _____ Date _____

Pets Health History

	Pet #1	Pet #2	Pet #3
Pets Name			
Species			
Breed			
Color			
Date of birth of approx. age			
Male or Female			
Neutered or Spayed			
Name of Previous Veterinarian Office			
Date of last Distemper vaccine			
Date of last Rabies Vaccine			
Date of last Bordetella vaccine (K9 only)			
Date of last Lyme Vaccine (K9 only)			
Date of last Leukemia Vaccine (felines only)			
Date of last Heartworm test and test result			
Date of Feline Leuk/FIV test and test result			

Do any of your pets have any allergies to medications or any other substance?_____

Are any of your pets currently on any medications?(including heartworm and flea and tick prevention)_____

Has any of your pets been treated for any major medical conditions?_____