



Compassionate Care for Your Pet Family Member

Owner Name \_\_\_\_\_ Co-Owner/ Spouse Name \_\_\_\_\_
Primary Phone \_\_\_\_\_ Co-Owner's Cell Phone \_\_\_\_\_
Cell # for reminders? \_\_\_\_\_ E-mail \_\_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
How did you hear about us? [ ] I am currently a client [ ] Internet Search [ ] Sign [ ] Fairfield Gazette [ ] Yelp [ ] Facebook
Who can we thank for referring you? \_\_\_\_\_ Previous Veterinary Provider \_\_\_\_\_

Do you have pet insurance? [ ] YES [ ] NO If yes, with which company? \_\_\_\_\_

Patient Name \_\_\_\_\_ Species [ ] Dog [ ] Cat [ ] Other \_\_\_\_\_
Sex [ ] Female [ ] Spayed [ ] Male [ ] Neutered Breed \_\_\_\_\_ Color \_\_\_\_\_
How long have you owned pet? \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_
Where did you acquire pet? \_\_\_\_\_
Is your pet currently on heartworm prevention? [ ] Yes [ ] No If yes what type/brand? \_\_\_\_\_
Are their vaccinations current? [ ] Yes [ ] No [ ] Unsure Reason for visit \_\_\_\_\_
What is your pet's diet (Adult/ Puppy/Mature)( Brand)? \_\_\_\_\_
Does your pet have any drug allergies or medical problems that we should know about? \_\_\_\_\_

Please list any medications your pet is on \_\_\_\_\_
Any other pets at home? If yes, please list \_\_\_\_\_

Please check any symptoms or medical problems that you have noticed about your pet
[ ] Behavior Problems [ ] Lack of Appetite [ ] Sneezing
[ ] Bleeding Gums [ ] Limping [ ] Increased / Decreased Thirst
[ ] Breathing Problems [ ] Loss of Balance [ ] Increased Urination
[ ] Coughing [ ] Scooting [ ] Vomiting
[ ] Diarrhea [ ] Scratching [ ] Weakness
[ ] Eye Bulging or Bloodshot [ ] Seems Depressed [ ] Other \_\_\_\_\_

IS YOUR PET MICROCHIPPED? [ ] YES [ ] NO WOULD YOU LIKE YOUR PET TO BE CHIPPED TODAY? [ ] YES [ ] NO

Partnering with you for your pet's care is often the highlight of our day, and we enjoy sharing those moments with the community via social media! Do you consent to having the occasional snap shot of your pet featured? [ ] YES [ ] NO

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges are to be paid at the time of release and that a deposit may be required for urgent care and/or surgical treatment. How do you plan to pay today (please circle)?

Cash Credit Debit Care Credit

I also understand and agree to the hospital's policy regarding appointments: that failure to keep an appointment for my pet without at least 24 hours notice will result in a service fee in the amount of the office visit (up to \$75). This applies whether an appointment is being re-scheduled or canceled without the aforementioned notice, and to no-shows.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

