

WELCOME TO ESCANABA VETERINARY CLINIC

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse's Work Phone _____

Place of Employment _____ Driver's License # _____

E-Mail Address _____ Would you like to receive email reminders? **Y** or **N**
(circle one)

How did you become aware of our clinic? Drove by Yellow Pages Previous Client

Personal Recommendation (Whom may we thank?) _____

PET HEALTH HISTORY

Name of pet _____ Dog _____ Cat _____ Other _____

Breed _____ Color _____ Birthdate _____

Male _____ Neuter _____ Female _____ Spayed _____

Vaccination History (Date and type of last vaccinations) _____

Previous Veterinarian(s) _____

Our pet(s) is: Member of our family Child's pet Backyard pet

Please check (✓) any symptoms or problems that you have noticed about your pet.

- | | | |
|--------------------------|------------------|-----------------------------------|
| Behavior Problems | Lack of Appetite | Sneezing |
| Bleeding Gums | Limping | Thirst and/or Urination Increased |
| Breathing Problems | Loss of Balance | Vomiting |
| Coughing | Scouting | Weakness |
| Diarrhea | Scratching | Other _____ |
| Eye Bulging or Bloodshot | Seems Depressed | _____ |
| Gagging | Shaking Head | _____ |

Pet's current medications _____

What do you feed your pet? _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for emergency treatment.

Signature of Owner _____ Date _____

Please indicate choice of payment Cash / Check Visa MasterCard Care Credit