



# Colonial Veterinary Clinic



Welcome to our veterinary clinic and thank you for giving us the opportunity to care for your pet. We look forward to working with you in maintaining your pet's health. So that we may become better acquainted with you and your pet, please complete the following:

## OWNER INFORMATION:

<b>Last Name:</b>	<b>First:</b>	<b>Spouse's Name:</b>
<b>Address:</b>		<b>Apt #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip</b>
<b>Home Phone:</b> ( ) -	<b>Cell:</b> ( ) -	<b>E-mail:</b>
<b>How did you become aware of our clinic?</b>	<input type="checkbox"/> Building/Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet <input type="checkbox"/> Personal Recommendation*: (Name)	

\* Please let us know if someone referred you to our clinic so that we may send them a thank you!

## PET INFORMATION:

<b>Pet's Name:</b>	<b>Species:</b>	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other		
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutered/Spayed?	<b>Breed:</b>	<b>Color:</b>	
<b>Date of Birth:</b>	/	/	<b>Or approximate age:</b>	<input type="checkbox"/> weeks	<input type="checkbox"/> months	<input type="checkbox"/> years
<b>Pet Insurance Information:</b>						
<b>Brand of pet food:</b>	<input type="checkbox"/> cans	<input type="checkbox"/> dry	<b>Amount:</b>	<b>cups / day</b>		

## ROUTINE HEALTH CARE CONCERNS:

INQUIRY	YES	NO	COMMENT
Are your pet's vaccines up to date?			
Does your <u>DOG</u> get vaccinated against Lyme Disease?			
Does your <u>CAT</u> go outdoors?			
Do you expect to board your pet in the next year?			
Does your pet make contact with other animals outdoors?			
Is your pet on regular flea control during summer months?			What type?
Is your pet on a year-round heartworm preventative?			Which one?
Has your pet had a heartworm test in the past year?			
Has your pet been tested for parasites in the past year?			
Do you travel with your pet?			Where?
Does your pet react to any vaccines, medications or food?			What ones?

--Please Turn Over; Form Continued on Back--

**ROUTINE HEALTH CARE CONCERNS CONTINUED:**

INQUIRY	YES	NO	COMMENT
Is your pet currently on any medication?			What ones?
Does your pet have any chronic medical problems?			What are they?
Has your pet had any illnesses, injuries or recent medical problems?			What are they?

HAVE YOU NOTICED ANY:	YES	NO	COMMENTS
vomiting, diarrhea or constipation?			
gagging or choking?			
coughing, sneezing, or wheezing?			
stiffness, soreness or lameness?			
itching, scratching or excessive licking?			
scooting or licking rear end?			
head shaking?			
lumps or bumps?			
unusual discharge from eyes or nose?			
bad breath or body odors?			
seizures or tremors?			

**HAVE YOU NOTICED ANY CHANGES IN YOUR PET'S:**

	YES	NO	COMMENTS
behavior?			
eating or drinking habits?			
frequency or amount of urination?			
energy or activity level?			
coat, hair, or skin?			
weight (gain or loss)?			

**AUTHORIZATION/PAYMENT POLICY:**

Payment is due when services are completed or when patient is released. It is our policy to provide you with a written estimate of fees for any in-hospital treatment, surgery, or emergency care. If you have any questions regarding fees, we will be happy to discuss them with you at any time. We accept Visa, Master Card, Discover, personal check and cash payments. Please note there is a \$30 charge if your check is returned by the bank.

I assume responsibility for all charges incurred in the care of my pet.

**Signature:** \_\_\_\_\_

**Date:**        /        /

**Driver's License No. ( if paying by check ):** \_\_\_\_\_