



welcome

Client information

Date: _____

Owner (Last Name First): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Co-Owner/Spouse (Last Name First): _____

E-mail Address: _____ Phone: (_____) _____

Emergency Contact Name: _____ Phone: (_____) _____

How did you learn about our practice? _____

Number of pets (please specify by type) _____

Primary reason for visit: _____

Pet information

Pet's Name: _____ Dog Cat Other _____

Sex: M F Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed: Yes No At what age? _____

What age was pet obtained? _____

From: Friend Breeder Pet Shop Humane Society Other _____

Reason for obtaining pet (check all that apply) Companion Protection Breeding
 Show Other _____

Describe your pet's diet: _____

List your pet's current medication: _____

Please check any symptoms or problems you've noticed with your pet:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Appetite Loss | <input type="checkbox"/> Gagging | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Behavioral Changes |
| <input type="checkbox"/> Gums Bleeding | <input type="checkbox"/> Thirst | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping |
| <input type="checkbox"/> Urination Increase | <input type="checkbox"/> Coughing | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Eye Disorders: _____ | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Other: _____ |

Pet's History (check all that pet has received)

- | | | |
|---|---|---|
| <input type="checkbox"/> Distemper | <input type="checkbox"/> Feline Leukemia Test | <input type="checkbox"/> Prior Surgery: _____ |
| <input type="checkbox"/> Parvovirus (Dog) | <input type="checkbox"/> FVRCP (Infectious Disease-Cat) | <input type="checkbox"/> Prior Illness: _____ |
| <input type="checkbox"/> Rabies (Dog/Cat) | <input type="checkbox"/> Dental | <input type="checkbox"/> Other: _____ |

Authorization

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 the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date _____

RECEIVE A \$50 REBATE

When you Buy 12 Doses of a
HEARTGARD® (ivermectin)
Brand Product* and 6 Doses
of a flea & tick control product*



MANUFACTURER'S COUPON | ORIGINAL RECEIPT REQUIRED | FOR MAIL-IN
REBATE REDEEMABLE ONLY ON PRODUCT BOUGHT AT YOUR VETERINARY CLINIC
EXPIRES 12/31/2015 | MAY NOT BE COMBINED WITH ANY OTHER OFFER

* of the same product in the same size at one time

NexGuard IMPORTANT SAFETY INFORMATION: For use in dogs only. The most common adverse reaction is vomiting. Other adverse reactions reported are dry/flaky skin, diarrhea, lethargy, and anorexia. The safe use of NexGuard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures.