

Date: _____

New Client/Pet Information
Instructions: Please Complete All Three Pages Of This Form.

Client's Name: _____
Last First MI

Address: _____
Street

City State Zip Code

Email: _____

Home Phone Number: _____

Cell Phone: _____ Work Phone: _____

How Long At Above Address? _____ Years In the Area? _____ Years

Drivers License #: _____

Employer: _____
Name

Address: _____
Street

City State Zip Code

Pet Information (Check One): Cat _____ Dog _____ Other _____
Male _____ Female _____
Altered: Yes _____ No _____

Pet's Name: _____ Color/Markings: _____

Breed: _____ Date of Birth: _____

PET QUESTIONNAIRE

Does your pet have a microchip? _____

Do you have a record of vaccinations for your pet? _____ Are they current? _____

What recent vaccinations has your pet had and when?

<u>FOR DOGS:</u>	<u>DATE:</u>	<u>FOR CATS:</u>	<u>DATE:</u>
Rabies	_____ / _____	Rabies	_____ / _____
Lymes	_____ / _____	FIP	_____ / _____
Bordatella	_____ / _____	Feleuk	_____ / _____
DHLPP-C	_____ / _____	PRC-C	_____ / _____

When was your pet's last fecal test? _____ What were the results? _____

Did you bring your pet's fecal sample? _____

When was your dog's last heartworm test? _____ What were the results? _____ Is your dog on any heartworm medication? _____

If so, what type? _____

Is your pet on any type of flea & Tick control? _____ What type? _____

* Flower Valley Veterinary Clinic offers Heartgard Plus and Frontline Plus.

Has your pet ever had a dental cleaning? _____

Do you use any at-home dental care for your pet? _____

If so, what type? _____

We offer a variety of dental care items to assist in you at-home care.

Does your pet have any special dietary needs? _____

If so, what type? _____

Does your pet require prescription food? _____

If so, why? _____

What food or foods do you feed your pet regularly? _____

Do you feed your pet treats? _____ How often? _____ What kind? _____

Do you have a collar, leash, and an identification tag for your pet? _____

If not, or if it's time for new supplies, please inquire at the reception desk where we can assist you in choosing the appropriate items.

Is your pet groomed or bathed on a regular basis? _____

For you convenience we offer bathing of your animals on Tuesday and Thursdays. A bath includes nails, ears, anal glands, and brush out.

How did you hear about Flower Valley Veterinary Clinic? (Please check one)

- Referral (please specify name/relationship) _____
- Community Phone Book (Red) _____
- Verizon Phone Book _____
- Sign _____
- Internet _____
- Other (Please specify) _____
- Previous clients _____

Treatment Authorization

I authorize FLOWER VALLEY VETERINARY CLINIC to perform medical and surgical procedures required for diagnosis and treatment of _____ (animal's name). I understand that I can terminate treatment at any time by contacting the attending Veterinarian.

General anesthesia is required for surgery and some treatment procedures. I understand that with general anesthesia some risk is involved.

I understand that as owner I am financially responsible to FLOWER VALLEY VETERINARY CLINIC for applicable charges related to this animal. I agree to the payment method indicated.

_____ Cash _____ Check _____ Credit Card

I agree to hold harmless the Veterinarian, any and all employees connected therein from loss, injury or damages arising out of, or in connection with, services requested by me herein.

I hereby declare under penalty of perjury that I am the owner or authorized agent of the owner of this animal.

I have answered all the questions on this three-page form to the best of my knowledge.

Owner's Signature _____ Date _____

Witness' Signature _____ Date _____