

## **Client & Patient Information**

### **PLEASE PRINT**

Date: \_\_\_\_\_

Mr. Mrs. Ms. Dr.

Have you been to this office with any other pet? YES NO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Cell/Pager Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Referring Veterinarian's Name: \_\_\_\_\_

Referring Veterinary Hospital: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Spouse's Business Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

For ID Purposes

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Pet Name: \_\_\_\_\_ (circle) Dog Breed: \_\_\_\_\_

Cat \_\_\_\_\_

Sex: (circle) Male Male (neutered) Female Female (spayed)

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Color: \_\_\_\_\_

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Please give approximate dates of the following routine medical care:

Dogs Cats

Heartworm Test Results: \_\_\_\_\_ Feline Leukemia/ FIV  
Test Results: \_\_\_\_\_

Heartworm Preventive Yes or No Leukemia Vaccine: \_\_\_\_\_

Distemper Vaccine: \_\_\_\_\_ Distemper Vaccine \_\_\_\_\_

Rabies Vaccine: \_\_\_\_\_ Rabies Vaccine \_\_\_\_\_

Do you have pet health insurance? Yes or No

Company: \_\_\_\_\_ Policy \_\_\_\_\_

Number: \_\_\_\_\_

Where did you obtain your pet? \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

Where is your pet housed? Indoors Outdoors Both Other \_\_\_\_\_

Intended purpose of your pet? Pet Show Sport Guard Other \_\_\_\_\_

For intact females, when, approximately was your pet's last heat cycle? \_\_\_\_\_

For neutered/spayed pets, when, approximately, was the surgery performed? \_\_\_\_\_

What is your pet's current diet? (include brand) \_\_\_\_\_

## **Patient Information Continued**

Does your pet have any food allergies?	Yes	No	??
Has your pet had any bad reactions to a medication	Yes	No	??
Does your pet have contact with other animals?	Yes	No	??
Has your pet ever been out of the St. Louis Metro area?	Yes	No	??
Is your pet currently receiving any medications Please list medications below	Yes	No	??
Has your pet had any illness, injury, or surgery prior the current problem? Explain below.	Yes	No	??
Is your pet currently coughing or sneezing?	Yes	No	??
Has there been a recent change in your pet's appetite?	Yes	No	??
Has your pet lost or gained weight recently?	Yes	No	??
Is your pet currently vomiting?	Yes	No	??
Has there been any recent change in your pet's bowel movement?	Yes	No	??
Have there been any recent changes in your pet's urinary habits?	Yes	No	??
Have you noticed a change in the amount of water your pet drinks?	Yes	No	??

What is the date of your appointment? \_\_\_\_\_