

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

Pet Name: _____ (circle) Dog Breed: _____
Cat

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

Date of Birth: _____ Allergies: _____

Color: _____

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? _____