

# WELCOME

## Client Information

Date: \_\_\_\_\_ S.S. or Driver's License number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Prim. Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Spouse phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

E-mail reminders: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you learn about our practice? Phone Book: \_\_\_\_\_ Website: \_\_\_\_\_ Facebook: \_\_\_\_\_ Other: \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_ Species: Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Neutered: \_\_\_ Spayed: \_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip #: \_\_\_\_\_

What Age was Pet obtained?: \_\_\_\_\_ From: Friend \_\_\_ Breeder \_\_\_ Pet Shop \_\_\_ Humane Society \_\_\_ Other \_\_\_

Reason for obtaining pet (check all that apply): companion \_\_\_ Protection \_\_\_ Breeding \_\_\_ Sporting \_\_\_ Show \_\_\_ Other \_\_\_

Pet's Diet (check all that apply): Table Scraps \_\_\_ Treats \_\_\_ What brand? \_\_\_\_\_

Dry Commercial Food \_\_\_ What Brand? \_\_\_\_\_

Canned Commercial Food \_\_\_ What Brand? \_\_\_\_\_

List any current medications: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

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

<input type="checkbox"/> Appetite Loss	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scooting	<input type="checkbox"/> Urination Increase/Decrease
<input type="checkbox"/> Behavioral Changes	<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Scratching	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Eye Disorders	<input type="checkbox"/> Shaking head	<input type="checkbox"/> Weakness
<input type="checkbox"/> Coughing	<input type="checkbox"/> Limping	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Tears up toys, etc.
<input type="checkbox"/> Depression	<input type="checkbox"/> Loss of balance	<input type="checkbox"/> Change in thirst	<input type="checkbox"/> other: _____

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

k-9 Distemper  Rabies (Dog / Cat)  Dental Cleaning

Bordetella  Feline Leukemia/FIV Test  Prior Surgery / Illness: \_\_\_\_\_

Deworm (Dog / Cat)  Feline Leukemia Vaccine  Other: \_\_\_\_\_

Heartworm Test  Feline Distemper

Heartworm Prevention (What Brand): \_\_\_\_\_ Flea & Tick prevention (What brand): \_\_\_\_\_

## Method of Payment

Cash  Check  VISA  MasterCard  Care Credit

## 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. If I neglect to pick up my pet within five days of the anticipated hospital release date, Riverside Animal Hospital may assume that the pet is abandoned and is authorized to do as they deem necessary to the animal.*

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL**