Integrative Veterinary Care

Client Information Date: _____

Name: _____ Birthdate: _____ Address:_____

City/State/Zip: _____ Home Phone:_____ Work:_____

Email Address: _____Employer:_____

Emergency Contact Name: _____ Phone: _____

How did you learn about our practice? _____

Number of pets (please specify what types) _____

Primary reason for visit? _____

Pet Information

Pet's Name: _____ ☐ Dog ☐ Cat ☐ Other_____

Sex: ☐ Female ☐ Male Age: _____ Birthdate: _____ Breed: _____

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

What age was your pet obtained? _____ From: _____

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

Describe your pet's diet: _____

List your pet's current medications: _____

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

☐ Appetite Loss	☐ Gagging	☐ Sneezing
☐ Behavioral changes	☐ Gums Bleeding	☐ Thirst
☐ Breathing problems	☐ Limping	☐ Urination Increase
☐ Coughing	☐ Loss of Balance	☐ Vomiting
☐ Depression	☐ Scooting	☐ Weakness
☐ Diarrhea	☐ Scratching	☐ Other :_____
☐ Eye Disorders: _____	☐ Shaking Head	☐ Other: _____

Pet's Vaccination History

☐ Distemper	☐ Feline Leukemia Test	☐ Prior Surgery: _____
☐ Parvovirus	☐ FVRCP	☐ Prior Illness: _____
☐ Rabies	☐ Dental Cleaning	☐ Other: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for or treat the above descried 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 TI|ME SERVICES ARE RENDERED.

Signature of responsible client: _____ Date: _____