

Loving Hands



CLIENT INFORMATION

Name: _____
 Address: _____
 Employer: _____
 Date of Birth: _____
 Spouse/Partner: _____
 Emergency Contact: _____

Primary Phone: ____ (____) ____ - _____
 City, State, Zip: _____
 Work/Secondary Phone: ____ (____) ____ - _____
 E-mail: _____
 Phone: ____ (____) ____ - _____
 Phone: ____ (____) ____ - _____

*** All about information is kept strictly confidential and is used to ensure that your pet is discharged ONLY to you or your designated agent.**

How did you learn about our practice? If you were referred by one of our existing clients, please let us know so that we may thank them.

Individual: _____
 Drive By _____ Yellow Pages _____ Internet Search _____
 Already a Client _____

Breeder Referral: _____
 Our Website _____ Newspaper _____

Primary Reason for Visit: _____

PET INFORMATION

Name: _____ Species: Dog _____ Cat _____ Other: _____
 Sex: Male _____ Female _____ Neutered/Spayed: Yes _____ No _____
 Age: _____ Birthdate: _____ Breed: _____ Color: _____
 Our pet is: Member of our family _____ Child's Pet _____ Backyard Pet _____
 Is your pet on any special diets or medications (prescription, OTC, herbal)? _____
 Is your pet allergic to any vaccines or medications? _____
 Previous Veterinarian: _____

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

Appetite Loss	Gagging	Sneezing	Behavioral Change	Gums Bleeding
Increased Thirst	Breathing Problems	Limping	Increased Urination	Coughing
Loss of Balance	Vomiting	Depression	Scotting	Weakness
Diarrhea	Scratching	Eye Problems	Shaking Head	

Has your pet been diagnosed and/or treated for any major illness(es)?

Vaccination/Wellness History (check all that pet has received):

Dog:	Rabies	Cat:	Rabies
	Distemper (DHLPP)		Distemper (FVRCP)
	Bordetella (Kennel Cough)		Feline Leukemia/FIV Test
	Heartworm Test		Feline Leukemia Vaccine (FELV)
	Fecal		Fecal

Is your dog on heartworm prevention? YES NO Is your cat on heartworm prevention? YES NO

Do you have pet insurance? YES NO

I authorize the veterinarians and staff of Loving Hands Animal Clinic to examine, prescribe for and treat the above described pet. I am 18 years of age or older. 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.**

Signature of client responsible for pet: _____ Date: _____