

FAMILY PET



VE+ERINARY CENTER

Owner Information:

First Name: _____ Last Name: _____

Date: _____ Spouse/Authorized Caregiver/ Relation: _____

Address: _____ City/State: _____ Zip Code: _____

Driver's License # or Social Security # _____ State _____ Expiration Date _____

Best Contact # _____ home[] cell[] work[] (please check one)

Secondary # _____ home[] cell[] work[] (please check one)

Email Address: _____

Employer: _____

Work # _____ Are we permitted to call you at work? Yes [] No []

Would you like to receive appointment and care reminders via text message? [] Yes [] No

Would you like to receive appointment and care reminders via email? [] Yes [] No

Emergency contact (name/relation) & phone number: _____

Are you interested in any of the following services that we offer? (Please check all that apply)

- [] Boarding [] Daycare [] Grooming [] In-home visits
[] Preventative Care Packages [] Referral Rewards [] Weekend/Evening appointments

How did you hear about us? (Please check all that apply)

- [] Google [] Sign (drove by) [] New Resident Program
[] Phone Directory [] Direct Mail [] Newspaper Ad
[] Social Media [] Website [] Friend/Family Referral _____

As a client of Family Pet Veterinary centers you acknowledge that all payment is due when services are rendered. You also understand that your account balance will be doubled if this account is assigned to an agency for collections. There is a \$30.00 charge for each/any returned check and are subject to prosecution by the district attorney's office. When paying by check a valid driver's license must be presented, and all checks are deposited electronically.

Signature of Acknowledgement X _____

As a client I agree that Family Pet Veterinary Centers may use photographs or video of me and/or my pet(s) with or without my name and for any lawful purposes, including for example such purposes as publicity, illustration, advertising, social media, and web content.

Signature of Acknowledgement X _____

Pet Information:

Pet's Name _____ **Breed** _____

Age _____

Sex Intact Male Intact Female Neutered Male Spayed Female (please check one)

Has your pet been seen at another clinic? Yes No If yes, what clinic?

Has your pet had any prior medical concerns? (allergies, seizures, kidney disease, etc.)

If so, please list: _____

Is your pet currently on any medications (including supplements)? Please include dosage.

What brand of food does your pet eat? _____

Amount/day _____

Does your pet get any treats (including human food) and what kind? Yes No _____

Pet Questionnaire:

Is your pet microchipped or tattooed? Yes No _____

How often is your pet outside? (Please check one) Always Often Sometimes Never

If your pet goes outside, do you visit... ? (Please check all that apply.)

home/yard dog parks lakes/streams hiking/camping areas daycare groomer

Is your pet on monthly internal/external preventatives? Yes No

If yes, which products: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Frontline Plus-flea/tick (topical) | <input type="checkbox"/> Nexgard-flea/tick (chewable) |
| <input type="checkbox"/> Simparica-flea/tick (chewable) | <input type="checkbox"/> ProHeart-heartworm/intestinal parasite (injectable) |
| <input type="checkbox"/> Heartgard-heartworm/intestinal parasite (chewable) | |
| <input type="checkbox"/> other topical _____ | <input type="checkbox"/> other chewable _____ |

Are any of the following a concern regarding your pet? (Please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Drinking a lot | <input type="checkbox"/> Stiffness/weakness of joints |
| <input type="checkbox"/> Panting a lot | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Inappropriate urination/potty training |
| <input type="checkbox"/> Licking paws | <input type="checkbox"/> Scooting | <input type="checkbox"/> Behavior issues |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Vomiting |

For office use only:

Linked: _____

Data input: _____

NC card: _____

-OVER-