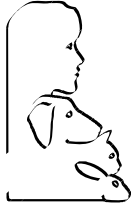


Today's Date: _____

1220 Montgomery Street
West Lafayette, IN 47906
(765) 463-7877
www.petsandvetsaspartners.com



Welcome to Pets and Vets As Partners

Client Information

Name: _____ Spouse/Other Name: _____

Children's Names/Ages: _____

Street: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

E-mail Address: _____

Emergency Contact Name/Number: _____

Referred By: _____

Pet Information *(For additional pets please add to back side)*

Pets Name: _____ Dog _____ Cat

Breed: _____ Color: _____ Birth Date: _____

_____ Male _____ Neutered _____ Female _____ Spayed

Date of Last Vaccination: _____ Did you bring previous records: YES NO

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

- | | |
|--|---|
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Clawing or digging |
| <input type="checkbox"/> House Breaking | <input type="checkbox"/> Bad Breath |
| <input type="checkbox"/> Wetting/Spraying in the house | <input type="checkbox"/> Itching/Scratching |
| <input type="checkbox"/> Soiling outside of litter box | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Problems with children | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fear/anxiety issues | |

Authorization

I acknowledge and accept full financial responsibility for all services rendered. I understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. There will be a \$20.00 fee on returned checks. I understand that any balance past due will be include a finance charge of 21% and may be placed with a collection agency. I agree to pay the 35% collection fee. In the event of legal action, I agree to pay reasonable attorney fees and court cases.

Owner or Responsible Party: _____

Pet Health Information

Where did you get your pet? _____

How long have you owned your pet? _____

What food does your pet eat? _____

Canned, Dry, or Both? (circle one)

How much time does your pet spend outdoors? _____

Where does your pet sleep? _____

How much time does a family member spend with your pet per day? _____

What prior illness or health issues has your pet had? _____

____ Family Member ____ As a pet

How you do view your pet? (please check one)
Does your pet have any drug allergies? YES NO

Do you take your pet with you on vacation? YES NO

Will you ever need to board your pet? YES NO

Is your pet fed any table scraps (people food)? YES NO

Is your pet on preventative for controlling fleas and ticks? YES NO

Is your pet on a preventative for controlling heartworm, roundworm, hookworm, etc? YES NO

Has your pet been micro-chipped or tattooed? YES NO

Has your pet ever had dental care? YES NO

Do you have veterinary pet insurance? YES NO

Other Pet Information

Pets Name: _____ Dog ____ Cat

Breed: _____ Color: _____ Birth Date: _____

____ Male ____ Neutered ____ Female ____ Spayed

Date of Last Vaccination: _____

Other Pet Information

Pets Name: _____ Dog ____ Cat

Breed: _____ Color: _____ Birth Date: _____

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Date of Last Vaccination: _____

Other Pet Information

Pets Name: _____ Dog ____ Cat

Breed: _____ Color: _____ Birth Date: _____

____ Male ____ Neutered ____ Female ____ Spayed

Date of Last Vaccination: _____