



ID: _____

PLEASE FILL OUT COMPLETELY AND PRINT LEGIBLY

CLIENT NAME (OWNER) _____
 SPOUSE'S NAME _____
 STREET ADDRESS (HOME) _____
 CITY _____
 STATE _____ ZIP _____
 EMAIL _____
 HOME PHONE _____
 MOBILE PHONE _____
 WORK PHONE _____
 EMPLOYER _____
 *DRIVER'S LICENSE # _____ STATE _____ EXP _____
 SOCIAL SECURITY # _____

**This information is required to dispense certain prescription medications.*

REGULAR VETERINARIAN _____
 PET'S NAME _____ BREED _____
 COLOR _____ AGE _____

SPECIES (circle one) **DOG** **CAT** **OTHER:**
 SEX **MALE** **FEMALE** **SPAYED / NEUTERED**

REASON FOR VISIT _____
 LIST CURRENT MEDICATIONS _____
 PRIOR MEDICAL PROBLEMS _____
 DRUG ALLERGIES, OTHER INFO _____

HAS YOUR PET EVER ATTEMPTED TO BITE? **YES / NO**
 ARE YOUR PET'S VACCINATIONS UP TO DATE? **YES / NO** DATE & TYPE: _____

*The WV Health Department requires a 10 day quarantine or Rabies testing for all animal to human bites. WV State Code 19-20-9A grants the right to request quarantines at a veterinary facility or animal shelter as deemed appropriate. **Please Initial that you have read and understand:** _____*

Coughing / Sneezing	Appetite	Thirst	Urination	Stool	Vomiting
None	Decreased	Decreased	Less	Normal	None
Occasional	Normal	Normal	Normal	Semi	Occasional
Frequent	Increased	Increased	Increased	Watery	Frequent
			Bloody	Bloody	

How did you hear about our clinic? **Website** **Phone Book** **Vet's Office** **Clinic Sign** **Other**
Referred by another client: _____

PETS WILL BE SEEN IN ORDER OF SERIOUSNESS OF ILLNESS OR INJURY, NOT NECESSARILY BY ARRIVAL TIME