Print Form

Toledo Blade Animal Clinic

Fill out the form and click the print button above.

Client Information

Date: _____ Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Employer: _____

Work Phone: _____ Employer's Address: _____

Emergency Contact Name: _____ Phone: _____

How did you learn about our practice? _____

Number of pets (Please specify by type): _____

Primary reason for visit: _____

Pet Information

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

Sex: ◯ Male ◯ Female Age: _____ Birth Date: _____ Breed: _____

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

What age was pet obtained? _____

From: ☐ Friend ☐ Breeder ☐ Pet Shop ☐ Humane Society ☐ Other _____

Reason for obtaining pet? (Check all that apply) ☐ Companion ☐ Protection ☐ Breeding ☐ Show

☐ Other _____

Describe your pet's diet: _____

List your pet's medications: _____

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

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

Pet's History (Check all that pet has received:

☐ Distemper
☐ Parvovirus (Dog)
☐ Rabies (Dog/Cat)
☐ Feline Leukemia Test
☐ FVRCP (Infectious Disease-Cat)
☐ Dental
☐ Prior Surgery: _____
☐ Prior Illness: _____
☐ Other: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described 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 TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date: _____

CONFIDENTIAL