Legacy Animal Hospital

Client/Owner Information

Date: _____

Name (Last, First):_____ Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License State/ Number: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Spouse's Cell: (____) _____

Email: _____

Employer: _____ Employer Address: _____

Emergency Contact Name: _____ Phone: (____) _____

How did you learn about our practice? (Circle one)

Drive- By Google Yelp Friend_____

Website Other_____

Number of pets: _____ Primary Reason for Visit: _____

Pet Information

Pet's Name: _____ [ ] Dog [ ] Cat [ ] Other

Sex: [ ] Male [ ] Female [ ] Neutered Male [ ] Spayed Female Color: _____

Age: _____ [ ] Years [ ] Months Birthdate: _____ Breed: _____

What age was the pet obtained? _____ From where? _____

Reason for obtaining pet (Check all that apply): [ ] Companion [ ] Protection

[ ] Breeding [ ] Show [ ] Other_____

Does your pet have a microchip? [ ] Yes [ ] No

If yes, what is the microchip number? _____

Describe your pet's diet: _____

List of your pet's current medications: _____

Please check anything that applies to your pet:

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

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

[ ] Bordetella Vaccine
[ ] Distemper Vaccine
[ ] Dental Cleaning
[ ] Feline Leukemia Test
[ ] FVRCP Vaccine (Feline)
[ ] Heartworm Test
[ ] Rattlesnake Vaccine
[ ] Parvovirus Vaccine (Canine)
[ ] Rabies Vaccine
[ ] Prior Illness: _____
[ ] Prior Surgery: _____
[ ] Other: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume full responsibility for all charges incurred in the care of the animal, as well as any legal and/ or collection fees. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES ARE RENDERED.

_____

Signature of Client responsible for pet(s) Date