

Welcome!

Thank you for giving the Point Breeze Veterinary Clinic the opportunity to care for your pet. To ensure the best care possible, **please take the time to fill out this form in its entirety.** Thank you!

Date: _____ Owner: _____

Address: _____

Primary Phone: _____ Please indicate (x): Home Cell Work

Alternate Phone: _____ Please indicate (x): Home Cell Work

Email (for clinic use only): _____

What is your preferred method of communication from the office? Phone Call Text E-mail

If you prefer texting, who is your provider? _____

Spouse/Partner/Emergency Contact Name: _____

Spouse/Partner/Emergency Contact Phone: _____

How did you learn about our clinic? Internet Referral Other (please list): _____

If you were referred, please let us know by whom: _____

PET HEALTH HISTORY

Name of pet: _____ Species: _____ Breed: _____

Color: _____ Birthdate: _____ Gender: _____ Spayed/Neutered: Yes/No (circle)

Vaccination history (Date and type of last vaccinations): _____

Please check (x) any symptoms or problems that you have noticed about your pet:

- | | | |
|---|---|---|
| <input type="checkbox"/> Behavior issues | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Excess thirst/Urination issues |
| <input type="checkbox"/> Breathing issues | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching/skin issues | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eye issues | <input type="checkbox"/> Depression | _____ |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking head | _____ |

Please list your pet's current medications, including any flea/tick or heartworm prevention(s):

Describe your pet's diet, including brand and type (kibble, wet food, etc.): _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and otherwise treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

I grant Point Breeze Veterinary Clinic, Inc. permission to post my pet's picture, story and medical information on social media. Please initial if true _____

The following forms of payment are accepted: Cash, Checks, Visa, MasterCard, DiscoverCard, American Express