Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Welcome to our veterinary practice!**

**Please fill out this form completely so we can get to know you and your pet(s) better.**

Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #:(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Cell#:(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous veterinary clinic for pet’s records:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preference for receiving reminders (check all that apply) Postal Mail \_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_

In your absence, do you authorize emergency treatment to stabilize your pet(s)? \_\_\_YES \_\_\_ NO

**Pet Health History**

**Pet name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex:\_\_\_\_\_\_\_\_ Spayed or Neutered? Yes/No Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any chronic health problems we should know about or other special concerns? Kidney or heart disease, arthritis, diabetes, seizures, etc? If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet currently on any medication or a special diet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet’s behavior changed in any way (please check all that apply):

* Sleeping more
* More frequent defecation, or gas or diarrhea
* More frequent urination
* Drinking more or less
* Foul breath
* Increased irritability
* Loss of appetite
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Drinking more or less
* Foul breath
* Increased irritability
* Loss of appetite
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge that payment in full is required at the time services are rendered for this and all future visits. Lemay Vet Clinic reserves the right to refuse service to anyone for any reason.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your pet currently on any medication or a special diet?

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* More frequent urination
* Drinking more or less
* Foul breath
* Increased irritability
* Loss of appetite
* Other (describe below)

**Pet name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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