CLIENT INFORMATION ID # ____________ ENTERED BY ______________ (Office Use Only)

Have you been here before with another pet? ☐ Yes ☐ No Previous Pet Name: ______________________

OWNER INFORMATION

Name: ____

Last First MI

Address: ____

City, State, Zip: ____

Home Phone: ______________________________ Work Phone: ______________________________

Cell Phone: ____ **Best # to call** ☐ Home ☐ Work ☐ Cell

Employer: ____

Other owner/spouse/agent: ________________________________ Phone: ______________________________

Email Address: ____ ☐ Yes, email is ok ☐ No, please don't email

On occasion our doctors may contact you via email. Additionally, we'll send you our quarterly newsletter full of tips and information to keep your pet happy and healthy. You can get off the list at any time by unsubscribing if you don't want to hear from us anymore. We'll be sad and will miss you, but we promise we'll understand.

Hospital/Clinic Name: ___________________________________ Primary Care Veterinarian: _______________

Were you referred by another hospital that is not your Primary Care Veterinarian? ☐ Yes ☐ No

Referral Source: ________________________________ Hospital/Clinic Name: ____________________________

PATIENT INFORMATION

Circle One: Dog or Cat Male or Female Spayed/Neutered or Intact

Name: ________________________________ Age: ______________ Birth Date: __________________________

Breed: ____________________________________ Color/Markings: _____________________________________

May we use your pet's photo on Facebook, website or other media? ☐ Yes ☐ No

How did you hear about CARE Veterinary Center?

☐ Primary Care Veterinarian ☐ Facebook ☐ Newspaper ☐ Yellow Pages ☐ Find It Frederick

☐ Radio – Station: ________________ ☐ Drive By ☐ Gorilla Magazine ☐ Frederick Magazine

☐ Web Search: Google Yahoo Bing Yelp Other Engine: ______________________ ☐ Friend/Family _________________________

☐ Other ____

I authorize the examination of the above mentioned pet, the administration of necessary treatments and/or the execution of necessary diagnostic tests. I understand that an estimate of the charges will be given, and I assume full responsibility for all charges and consent to the release of medical information. I understand that payment is due at time of service.

____ ______________________________

Signature Date

PLEASE TURN OVER & FILL OUT THE BACK OF THE FORM

Revised 3/25/14

CARE Veterinary Center
Specialty & Emergency Pet Services

MEDICAL INFORMATION

1. Current medical problems – Why did you bring your pet to CARE?

____

____

2. How long has your pet been sick? ____________ days ____________ weeks ____________months

3. Current Medications ____

4. Prior Medical Problems____

5. What changes have occurred in your pet? (Please check yes or no and then circle the change)

Appetite	☐ Yes	☐ No	Increased	Decreased	
Water Intake	☐ Yes	☐ No	Increased	Decreased	
Weight	☐ Yes	☐ No	Increased	Decreased	
Urination	☐ Yes	☐ No	Increased	Decreased	
Defecation	☐ Yes	☐ No	Increased	Decreased	
Vomiting	☐ Yes	☐ No	Daily	Weekly	Intermittently
Diarrhea	☐ Yes	☐ No	Daily	Weekly	Intermittently
Coughing	☐ Yes	☐ No	Daily	Weekly	Intermittently
Sneezing	☐ Yes	☐ No	Daily	Weekly	Intermittently
Seizures	☐ Yes	☐ No	Frequency ________________________		
Tumor/Mass	☐ Yes	☐ No	Location ________________________		
Discharge	☐ Yes	☐ No	Location ________________________		
Skin Changes	☐ Yes	☐ No	Increased	Decreased	
Gait/Walking	☐ Yes	☐ No			

6. General Health Information

Current Vaccinations	☐ Yes	☐ No	Date ____________________
Heartworm Prevention	☐ Yes	☐ No	Type ____________________
Flea Control	☐ Yes	☐ No	
Other Pets	☐ Yes	☐ No	

Environment	☐ Indoor Only	☐ Outdoor Only	☐ Indoor/Outdoor	
Diet	☐ Canned	☐ Dry	☐ Mixture	Brand ____________
Attitude	☐ Gentle	☐ Fearful	☐ Aggressive	
Travel	☐ Only MD	☐ Other States	Location ____________________	

7. Is information available for the doctor to review? (Test results, Letter, X-Rays)

☐ Yes, I have it with me ☐ Yes, my veterinarian faxed or emailed information ☐ No information is available

8. Has your pet fasted for today's appointment? ☐ Yes ☐ No