

# WELCOME



to **Pusch Ridge Pet Clinic**

Folder # \_\_\_\_\_

Owner Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Spouse/Partner Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Mailing Address Street: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell 1 \_\_\_\_\_ Cell 2 \_\_\_\_\_  
 Owner's Employer \_\_\_\_\_ Work # \_\_\_\_\_  
 Spouse's Employer \_\_\_\_\_ Work # \_\_\_\_\_

How did you hear about us?  Yellow Pages  Internet  Sign  Magazine  Adoption Agency  
 Dog Park  Recommended by \_\_\_\_\_

## Pet Information

Pet's Name \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_  
 Breed \_\_\_\_\_ Color \_\_\_\_\_ Age/DOB \_\_\_\_\_  
 Sex  Male  Female  Neutered/Spayed  Microchip # \_\_\_\_\_  
 Vaccination History (Type & Date) \_\_\_\_\_  
 Diet \_\_\_\_\_ Allergies \_\_\_\_\_  
 Current Medications \_\_\_\_\_

Please check (a) any of the following problems that your pet has shown in the past:

- |  |  |   |  |                                   |
|--|--|---|--|-----------------------------------|
| <input type="checkbox"/> Coughing/Sneezing | <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Tumors/Growths     | <input type="checkbox"/> Seizures/Fainting | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Eye Problems      | <input type="checkbox"/> Bleeding Problems     | <input type="checkbox"/> Dental Problems    | <input type="checkbox"/> Ear Problems      | <input type="checkbox"/> Limping  |
| <input type="checkbox"/> ↑/↓ Appetite      | <input type="checkbox"/> Behavioral Problems   | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Skin Problems     | <input type="checkbox"/> ↑ Thirst |
| <input type="checkbox"/> ↑/↓ Urination     | <input type="checkbox"/> Loss of Balance       | <input type="checkbox"/> Scooting           | <input type="checkbox"/> Other: _____      |                                   |

Reason for today's visit \_\_\_\_\_

Previous Vet/Clinic \_\_\_\_\_ City/State \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Telephone # of previous clinic \_\_\_\_\_

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 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 \_\_\_\_\_ Date \_\_\_\_\_