Legacy Animal Hospital

Client Information

Date:_____ Social Security: _____ Birthdate:_____
Name (Last,First):_____
Spouse:_____
Address:_____Suite/Apt#_____
City/State/Zip:_____
Drivers License State/Number:_____
Home Phone:(___)_____ Cell Phone(___)_____
Work Phone:(___)_____ Email:_____
Employer:_____
Employer Address:_____
Emergency Contact Name:_____Phone(__)_____
How did you learn about our practice? ☐Google ☐YP.com
☐Fox5 ☐Bing ☐Facebook ☐Yelp ☐Yahoo ☐Website
☐Demand Force ☐Referral _____
Number of pets:_____ Primary reason for visit: _____

Pet Information

Pet's Name:_____ ☐ Dog ☐ Cat ☐ Other
Sex: ☐ M ☐ F Age:____ Birthdate:_____Breed:_____
Color:_____ Neutered/Spayed:☐Yes ☐No At what age?_____
What age was pet obtained?_____
From: ☐ Friend ☐ Breeder ☐ Pet Shop ☐ Humane Society
☐Other_____
Reason for obtaining pet (Check all that apply)
☐ Companion ☐ Protection ☐ Breeding ☐ Show ☐
Other_____
Describe your pet's diet: _____

List your pet's current medication: _____
_____

Does your pet have a microchip: Yes☐ No☐
If so what is the microchip number:_____

Please check anything that applies to your pet:

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

Pet's History (check all that pet has received)

☐ Bordetella
☐ Distemper
☐ Dental Cleaning
☐ Feline Leukemia Test
☐ FVRCP (Cat)
☐ Heartworm Test
☐ Parvovirus (Dog)
☐ Rabies (Dog/Cat)
☐ Rattlesnake Vaccine
☐ Prior Surgery:_____
☐ Prior Illness:_____
☐ Other:_____

Authorization

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 the animal, as well as any legal and/or collection fees. I also understand that ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.***

Signature of client responsible for pet(s):

_____

Date: _____