DOERR
Animal Clinic

Welcome to our Clinic!

We are glad to have the opportunity to care for your pet.

Client Information:

Date: ____/____/____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Email: _____

Work Phone: (____) _____ Cell:Phone: (____) _____

Number of Pets (please specify type): _____

How did you hear about us? _____

Driver's License Number: _____

Pet Health History:

Pets Name: _____ Birth Date: _____

❑ Canine ❑ Feline Breed: _____ Color: _____

Sex: ❑ M ❑ F Neutered/Spayed: ❑ Y ❑ N

Current medications your pet is taking: _____

_____

Vaccination History:

❑ Distemper/Parvovirus Date: ___/___/___ ❑ Rabies Date: ___/___/___ ❑ Bordetella Date: ___/___/___

Primary reason for visit: _____

Symptoms your pet is demonstrating:

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

Prior Surgeries: _____

Prior Illnesses: _____

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. I also understand that all professional fees are due at the time services are rendered.

Signature of responsible party: _____ Date: ____/____/____

The information on this form is stricly confidential and is to be used only by this practice to provide care and treatment for your pet.