

## *Veterinary Medical Center*

**CLIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_  
**CELL PHONE:** \_\_\_\_\_ **ANIMAL'S NAME:** \_\_\_\_\_  
**SPECIES:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

*We would like to be able to contact you as soon as possible. Please leave a telephone number at which we can contact you. If you are unable to be reached by phone, please call prior to the end of the business hours. Mon-Fri 8a.m to 6p.m.*

### ***INFORMATION RECORD***

*The Veterinary Medical Center is committed to high quality animal health care. This commitment requires specific information on your pet's current health problems and past medical history. Please complete this information sheet as completely as possible. This will enable us to proceed with diagnostics and treatment as swiftly as possible.*

*Thank you and welcome.*

- A. What is the problem that we are seeing your pet for today?*
  
- B. Have you noticed any coughing, sneezing, vomiting, and diarrhea, change in water intake or urination?*
  
- C. How long has your pet been ill or injured?*
  
- D. Has your pet received any medical attention for this problem before? If so what kind?*
  
- E. Has your pet had any other medical or surgical problems in the past? If so please list.*
  
- F. Is your pet currently on any medication? If so please list.*
  
- G. Any additional information that you can provide will be a great help.*

***Authorization of care (please indicate which statement applies)***

***{ } Please examine my pet only (no laboratory test/ x-rays, surgery/treatment unless I am notified).***

***{ } please examine my pet and do only those tests or procedures which are immediately required.***

***{ } Please examine my pet and proceed with any diagnostics ( X-ray, Blood work, EKG, etc) or procedure/ surgery that is necessary for my pets health needs.***

***Patient Charges ( Please circle mode of payment.***

***Cash   Personal check   Credit card (Visa or MasterCard)   Other***

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

***Thank you!***