



Dr. Preference:

- Dr. Main, Dr. Vidt, Dr. Muehrcke, Dr. Edmonson, Dr. Duresa, Dr. Szymanski

Date:
Name:
Address: City/State/Zip:
Home #: Cell #:
Emergency Contact Name:
Email:

How did you hear about us?

- Internet, Website, Walk-In, Other, Referral (please provide name for thank you):

Primary Reason for Visit:

Previous Veterinarian/Animal Hospital:

Patient Information - Pet #1

Pet Name: Dog Cat Other
Sex: Male Female Age: Birth Date: Breed:
Color: Spayed/Neutered: Yes No At what age?
What age was pet obtained?
From: Humane Society Friend Breeder Other:
Describe your pet's diet:
List your pet's medication(s):
Additional comments:

Patient Information - Pet #2

Pet Name: _____ Dog Cat Other
Sex: Male Female Age: _____ Birth Date: _____ Breed: _____
Color: _____ Spayed/Neutered: Yes No At what age? _____
What age was pet obtained? _____
From: Humane Society Friend Breeder Other: _____
Describe your pet's diet: _____
List your pet's medication(s): _____
Additional comments:

Patient Information - Pet #3

Pet Name: _____ Dog Cat Other
Sex: Male Female Age: _____ Birth Date: _____ Breed: _____
Color: _____ Spayed/Neutered: Yes No At what age? _____
What age was pet obtained? _____
From: Humane Society Friend Breeder Other: _____
Describe your pet's diet: _____
List your pet's medication(s): _____
Additional comments:

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). 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. We accept all major credit cards.

Signature of client responsible for pet(s): _____ Date: _____