

# COTTAGE VETERINARY CARE- NEW CLIENT FORM

## Client Information

Name (First, MI, Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_

Spouse \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail \_\_\_\_\_

How did you learn about Cottage Veterinary Care?  
\_\_\_\_\_

Previous Veterinarian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Primary reason for visit \_\_\_\_\_

## Pet Information

Pet's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ (indoor \_\_\_ outdoor \_\_\_) Other \_\_\_

Sex M \_\_\_ F \_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Neutered/Spayed? Yes \_\_\_ What age? \_\_\_ No \_\_\_

Pet Insurance? Yes \_\_\_ Company \_\_\_\_\_ No \_\_\_

Please check any symptoms or problems you've noticed with your pet:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergies          | Microchip # _____                        |   |
| <input type="checkbox"/> Appetite Loss      | <input type="checkbox"/> Gagging         | <input type="checkbox"/> Sneezing           |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Gums Bleeding   | <input type="checkbox"/> Thirst             |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping         | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting           |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Scooting        | <input type="checkbox"/> Weakness           |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Scratching      | Other _____                                 |
| <input type="checkbox"/> Eye Disorders      | <input type="checkbox"/> Shaking Head    | _____                                       |

### **Authorization**

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for all charges incurred in the care of the animal. I understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE.** We accept cash or the following credit cards: VISA, MasterCard, American Express, Discover or Care Credit.*

\_\_\_\_\_  
Signature of Responsible Party (Must be at least 18 years of age)

\_\_\_\_\_  
Date