

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