

Previous veterinarian to contact for medical records: Name: _____ Tel: _____

So that we are able to suit your individual needs- which do you feel most applies to you:

Check One:

- I feel that my pet is another member of our family
- I feel that my pet is just a pet
- My pet is a working or show animal

Check One:

- I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
- I want good medical care for my pet, but there is a limit to what I am able to have done
- I want to perform only the services that I request

Check One:

- I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed
- I would prefer that you just summarize what has been done for my pet or what is needed
- I want my pet healthy, but don't need to know what has to be done

Check One:

- I prefer to be present when my pet is examined and treated
- I would rather not see my pet examined and treated
- No opinion

Are any of the following a concern for your pet's behavior? **Please Check All That Apply.**

- Excessive Barking Shedding Straying From Home House Breaking Smell
- Problems Around Children Excessive Itching/Scratching Jumping Wetting/Spraying In House

1. Does your pet travel out of state? Yes No
If so, which state(s)? _____
2. Does your pet receive any supplements/additives to his/her routine diet? Yes No
If so, what type, how much and how often?

3. How much exercise does your pet have each day, and what type of activity? _____
4. Is your pet aggressive towards people (bites, growls, snarls, bares teeth)? Yes No
If so, when and how often does your pet show aggression?

5. Does your cat/dog soil in the house or outside the litter box? Yes No
6. Does your pet escape from the yard? Yes No
7. Is your pet destructive in the house and/or yard? Yes No
If so, give a brief description of what your pet does and how often

8. Does your pet need more training? Yes No
If so, are you interested in learning how to improve your pet's manners? Yes No
9. Does your pet vocalize too much (barks, howls, whines)? Yes No
10. Is your pet too active? Yes No
11. Does your pet need too much attention? Yes No
12. Are you planning to add additional pet(s) to your home? Yes No
13. What health care or grooming products are you currently using? _____

Client's Signature _____

Date _____

Social Security Number or Driver's License Number _____

Again, thank you for giving us the opportunity to serve you