

# WELCOME

To Bartow Animal Clinic

How did you hear of us? \_\_\_\_\_ Personal referral \_\_\_\_\_ name please  
\_\_\_\_\_ Yellow Pages  
\_\_\_\_\_ Radio  
\_\_\_\_\_ Other \_\_\_\_\_

## Client Information:

Name: \_\_\_\_\_  
Last First Spouse

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

S.S.#- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Other Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular phone/ pager

Employer: \_\_\_\_\_

## Pet Information:

Pet's name	Breed	Sex	Neutered/ Spayed	Date of Birth	Color	Date of last vaccinations
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____

Describe your pet's diet \_\_\_\_\_

List your pet's current medications \_\_\_\_\_

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

Appetite Loss	Gagging	Sneezing
Behavioral Changes	Gums Bleeding	Thirst
Breathing Problems	Limping - _____	Urination Increase
Coughing	Loss of Balance	Vomiting
Depression	Scotting	Weakness / Lethargic
Diarrhea	Scratching	Eye Disorders: _____
Shaking Head	Other _____	

## Authorization:

*I hereby authorize the veterinarian to examine, prescribe for, or treat any pet that I present. I assume responsibility for all charges incurred in the care of the animal(s). I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Any accounts sent to collections and/or checks that are returned are subject to additional legal and/ or collection fees. In addition, any accounts sent to collections will have an additional 21% APR.*

X \_\_\_\_\_

CONFIDENTIAL