



ANIMAL CARE

261 Topsfield Road, Ipswich, MA 01938
978-356-2342
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Client Information

Last Name: _____ First Name: _____
 Address: _____ City/State: _____
 Zip: _____ Home Phone: _____ Cell Phone: _____
 Email: _____ Alt. Contact: _____
 Phone: _____ Relationship: _____
 How did you learn about our practice? _____ If Referred By, Who: _____
 Number of pets (please specify by type): _____
 Have you had pets previously? _____
 Primary reason for visit: _____

Pet Information

Pet's name: _____ Dog Cat Sex: M F Age: _____
 Birth date: _____ Breed: _____ Color: _____
 Neutered/Spayed: Yes No At what age? _____ What age was pet
 obtained? _____ Microchip #: _____ From: Friend Breeder Pet Shop
 Humane Society Other: _____
 What food does your pet eat and how much? _____
 List your pet's current medication(s) including flea/tick & heartworm preventatives: _____

 Previous Veterinarian: _____

Does your pet visit any boarding or daycare facilities or plan to? _____

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

- | | | |
|---|--|---|
| <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"/> Loss of Balance | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Limping | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet, 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.**

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE