



# Welcome!

Dutchess Animal Clinic  
942 Route 376, Suite 3  
Wappingers Falls, NY 12590  
T (845) 223-6363  
F (845) 227-3413

## Client Information

|  |                     |            |
|--|---------------------|------------|
| Date:                                    | Driver's License #: | Birthdate: |
| Name (Last Name First):                  |                     |            |
| Street Address:                          |                     |            |
| City:                                    | State:              | Zip:       |
| Home Phone:                              | Employer:           |            |
| Work Phone:                              | Employer's Address: |            |
| Cell Phone:                              |                     |            |
| Emergency Contact:                       | Phone:              |            |
| How did you learn about our practice?    |                     |            |
| Number of pets (please specify by type): |                     |            |
| Primary reason for visit:                |                     |            |

## Pet Information

|  |   |   |        |
|--|---|---|--------|
| Pet's Name:  | <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____  |   |        |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   | Age:  | Birthdate:                                    | Breed: |
| Color:   | Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No   | At what age?:                                 |        |
| What age was pet obtained?:  | From: <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Humane Society <input type="checkbox"/> Other _____ |   |        |
| Reason for obtaining pet (check all that apply): <input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> Breeding <input type="checkbox"/> Show <input type="checkbox"/> Other _____ |   |   |        |
| Describe your pet's diet:  |   |   |        |
| List your pet's current medication:  |   |   |        |
| <b>Please check any symptoms or problems you've noticed with your pet:</b>   |   |   |        |
| <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   | <input type="checkbox"/> Other: _____         |        |
| <input type="checkbox"/> Eye Disorder: _____   | <input type="checkbox"/> Shaking Head   | <input type="checkbox"/> Other: _____         |        |
| <b>Pet's History (check all that pet has received):</b>  |   |   |        |
| <input type="checkbox"/> Distemper   | <input type="checkbox"/> Feline Leukemia Test   | <input type="checkbox"/> Prior Surgery: _____ |        |
| <input type="checkbox"/> Parvovirus (Dog)  | <input type="checkbox"/> FVRCP (Infectious Disease-Cat)   | <input type="checkbox"/> Prior Illness: _____ |        |
| <input type="checkbox"/> Rabies (Dog/Cat)  | <input type="checkbox"/> Dental   | <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 OF SERVICES RENDERED.

Signature of client responsible for pet(s) \_\_\_\_\_ Date: \_\_\_\_\_