



Small Paws VETERINARY CLINIC

1505 N. Road Street, Elizabeth City, NC 27909, 252-384-0109

Patient Information

Pet's name: _____ Species: _____ Breed: _____

Color: _____ Sex: (circle one) male, male/neutered, female, female/spayed Age: _____

How long have you owned your pet? _____

Vaccination history (if known):

Canine:

Rabies _____ Distemper/Parvo/Hepatitis _____ Lepto _____

Bordetella _____ Lymes _____

Last Known Heartworm Test: _____ Fecal/Stool Check: _____

Feline:

Rabies _____ Feline Panleukopenia/Herpes/Calici _____ Feline Leukemia _____

FIV _____ Bordetella _____

Last Known Felv/Fiv Test: _____ Fecal/Stool Check: _____

Has your pet been micro-chipped? Y/N (circle) If so microchip # _____

Please list any on-going/chronic health problems: _____

Please list this pet's current medications, including heartworm and flea/tick prevention: _____

Please list any allergies/adverse reactions to medications/vaccines: _____

Please describe your pets' current diet including treats: _____

Previous Veterinary Facility Name: _____ Phone # _____

May we contact them for your records? yes _____ no _____

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal.

Financial Policy: Payment is due at time of services. Estimates will be made available for extensive procedures. Deposits of up to half of estimate maybe requested. We accept the following payment types: cash, checks, Visa, Master Card, and American Express. In house credit is available thru *Care Credit*. A brochure is available.

Signature: _____