



4106 North Lamar Blvd. | Austin, TX 78756

Office (512) 459-4336 | Fax (512) 323-2219

### CLIENT INFORMATION

To better assist you and your pet today, please fill out the following information as thoroughly and carefully as possible. If you have any questions about any section, please let us know.

Client Name(s): \_\_\_\_\_ Pet/Patient Name(s): \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

**Please check any of the below symptoms your pet may display either chronically or just prior to today:**

- Pain or Limping       Diarrhea       Coughing       Sneezing
- Behavior Changes       Vomiting       Lack of appetite       Scratching/Licking/Hair Loss
- Weight Loss       Urinary Issues       Increased Thirst       General Lethargy
- Other Symptoms or Areas of Concern (please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If applicable, when was the problem first noticed: \_\_\_\_\_

To the best of your knowledge, are your pet's vaccinations, including Rabies, up to date? \_\_\_\_\_

Does your pet have any allergies or experienced any allergic reactions to any vaccines or medication? If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

List all current medication(s) your pet receives, including strength, dosing schedule and when last given:

- Heartworm/Flea/Tick Medication(s): \_\_\_\_\_
- Over the Counter Medication(s): \_\_\_\_\_
- Prescription Medication(s): \_\_\_\_\_

**To the best of your knowledge, has your pet received in the past year (please check all that apply):**

- General Blood Screening     Heartworm Test     Feline Leukemia/FIV Test     Fecal Examination

What brand of food does your pet eat? How much is given each day? \_\_\_\_\_

Briefly describe where you pet spends the majority of his or her time: \_\_\_\_\_

\_\_\_\_\_

Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ CRT:< \_\_\_\_\_ sec

MM:  Pink     Red     Pale     Blue     Gray     Dry      Weight: \_\_\_\_\_

Vet Technician Checking Patient In: \_\_\_\_\_

\*\*This section is for office use only\*\*