



WELCOME TO PINE COUNTRY ANIMAL CLINIC

Thank you for giving us the opportunity to care for your pet.
We'll be happy to answer any questions you have about your pet's health.
To insure the best care possible, please take the time to fill in this form completely.
Thank you!

OWNER INFORMATION

Owner _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____
Work Phone _____ Email Address _____

How did you learn of our hospital? Yellow Pages Website Radio Drive by Newspaper
Recommendation – Whom may we thank? _____

PET INFORMATION

Name of pet: _____ Dog ***** Cat

Breed: _____ Color: _____ Age: _____

Gender: ***** Male ***** Female Is your pet Neutered or Spayed? ***** Yes
***** No

Has your pet received vaccinations in the last year? * Yes * No

Why is your pet coming in to see us?

What medications is your pet taking currently?

Is your pet on monthly heartworm prevention? * Yes,
product _____ * No _____

Is your pet on monthly flea/tick prevention? * Yes, product _____ ** No

What brand of food do you feed your pet?

What treats do you feed your pet?

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 this animal. I also understand that these charges will be paid at the time of service and that a deposit maybe required for treatment.

Date: _____

Signature of Owner or responsible agent