

# NEW CLIENT/PET INFORMATION

## CLIENT INFORMATION

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

**Our Office Does Not Bill. All Payments Are Due at Time of Service – Initials:**

How did you become aware of our veterinary clinic?

Location \_\_\_ Google \_\_\_ Yelp \_\_\_ Personal Recommendation (Name of the person that referred you) \_\_\_\_\_

## PATIENT INFORMATION

Previous Veterinary Clinic: \_\_\_\_\_

### Pet #1

Name \_\_\_\_\_  
Breed \_\_\_\_\_  
Age \_\_\_\_\_  
Color \_\_\_\_\_  
Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

### Pet#2

Name \_\_\_\_\_  
Breed \_\_\_\_\_  
Age \_\_\_\_\_  
Color \_\_\_\_\_  
Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

### Pet # 1 Vaccination History

Current within 1 year: Yes \_\_\_ No \_\_\_  
Dental Cleaning: Yes \_\_\_ No \_\_\_

### Pet #2 Vaccination History

Current within 1 year: Yes \_\_\_ No \_\_\_  
Dental Cleaning: Yes \_\_\_ No \_\_\_

Our pets are: Member of our family \_\_\_\_\_ Child's Pet \_\_\_\_\_ Backyard Pet \_\_\_\_\_  
Guard Animal \_\_\_\_\_ Barn Cat \_\_\_\_\_ Working Pet \_\_\_\_\_

### Brief Medical History

Major Illness: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_



## **Financial Agreement**

I agree that if my account is not paid in full as stated on my estimate or invoice, I/We agree to pay all collection costs, interest, attorney fees, and other charges arising out of this account per Oregon trade regulation 646.639 section N.

It is further understood that, should, My/Our delinquent account be placed with a collection agency, the principal amount will be increased 30% to cover the collection cost. The NSF check fee is \$30.00 and any unpaid balance will incur a monthly finance charge of 24% APR.

PRINEVILLE VETERINARY CLINIC,  
Dr. Rhet Schultz and Steve Middleton (Hospital Representatives)

RESPONSIBLE PARTY \_\_\_\_\_ Date \_\_\_\_\_

## Questionnaire

When were they last acting "normal"? : \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

(When diagnosed, are they being treated? Names of Medications?)

Current Medications/Supplements: \_\_\_\_\_

(How much (Frequency), how often (Strength), when last given)

Vaccines up to date: \_\_\_\_\_

(When last given, which vaccines if known, who gave?)

Other Pets in the House: \_\_\_\_\_

(Are they showing similar symptoms?)

Eating: \_\_\_\_\_

(What brand of food? How much (Frequency)? Did they eat today?)

Drinking: \_\_\_\_\_

(How much? More than they used to or less?)

Bowel Movements or Diarrhea: Y / N \_\_\_\_\_

(Appearance, how often, last time)

Urinating: Y / N \_\_\_\_\_

(Any discoloration, straining, crying, blood)

Vomiting: Y / N \_\_\_\_\_

(Appearance, how much, how often, last time?)

Coughing: Y / N \_\_\_\_\_

(How often, how long, is it productive? Anything being coughed up?)

Sneezing: Y / N \_\_\_\_\_

(How often, is there discharge, coloration?)

Itching/Scratching: Y/N \_\_\_\_\_

(Where, on a scale of 1 – 10, 10 being scratching all the time)

Pain/stiffness: \_\_\_\_\_

(Where, after exercise, while sitting or standing? After sleeping?)

Travel: \_\_\_\_\_

(Outside of Central Oregon within the past 6-12 months? Where?)