



Welcome to My Pets Vet Mason!

Client Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Cell/Home?): _____ 2nd phone (Cell/Home?): _____

Email: _____

Alternate Contact: _____ Phone (Cell/Home?): _____

How did you hear about our practice? _____

Would you like access to our online portal to see your pet's records at home? Y / N

Can My Pet's Vet take and share photos/ videos of your pets for marketing and social media? Y / N

May we email you patient reminders? Y / N

May we text you appointment updates? Y / N

Patient information

Reason for visit: _____

Pet's Name: _____ Age/Date of Birth: _____

Species?: Canine / Feline / Other

Breed: _____ Color(s): _____

Sex: Male / Female / Neutered Male / Spayed Female

Is your pet currently taking any medications? Y / N

If so, which medication(s)? _____

Is your pet currently on Heartworm prevention? Y / N - If so, which product? _____

Is your pet currently on Flea/Tick Prevention? Y / N - If so, which product? _____

Is your pet current on vaccines? Y / N

Previous veterinarian (if any)? _____

Important Medical History (prior illness or surgery?): _____

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 in full at the time of services.

Signature of Owner: _____ Date: _____