



Welcome to My Pets Vet!

Our mission is to deliver quality lifelong veterinary care to cats and dogs, and help puppies and rescues find homes and lead healthy lives. Thanks for choosing us to be your pet's vet!

Client Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Cell/Home?): _____ 2ndphone (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/upcoming appts at home? **Y / N**

Are you interested in learning how to bundle your pet's preventative care to save money? **Y / N**

May we email you patient reminders? **Y / N**

We look forward to sharing photos/videos of your pets as part of our marketing and social media. If you wish for your pet NOT to be included, please write declined in the space below.

Patient information

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: _____