

# Healthy Pet The Mobile Vet

## Client and Patient Information

Owner/Agent \_\_\_\_\_

Pet's Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

\_\_\_\_\_

Species  Dog  Cat  Rabbit  Horse

Home Phone ( ) \_\_\_\_\_

Other (Species) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Breed \_\_\_\_\_

Occupation \_\_\_\_\_

Color \_\_\_\_\_

Co-Owner \_\_\_\_\_

Sex  Male  Female  Neutered  Spayed

Home Phone ( ) \_\_\_\_\_

Obtained From: Pet Store Breeder

Work Phone ( ) \_\_\_\_\_

Humane Society  Other \_\_\_\_\_

Occupation \_\_\_\_\_

You have your pet primarily for:  Show  Breeding

Referred by \_\_\_\_\_

Companionship  Work  Other \_\_\_\_\_

Your Regular Veterinarian is:

Number of Pets in Household: Dogs\_\_\_\_ Cats\_\_\_\_

Dr. \_\_\_\_\_

Other \_\_\_\_\_

Practice \_\_\_\_\_

Your Pet is:  Indoors/Outdoors  Only Indoors  
 Only Outdoors

Address \_\_\_\_\_

When outdoors your pet is:  Loose

\_\_\_\_\_

Leashed  Fenced  Other \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Has your pet been outside OK?  Yes  No

Fax ( ) \_\_\_\_\_

If Yes, where? \_\_\_\_\_ When? \_\_\_\_\_

\_\_\_\_\_

Your Pet's usual diet is:

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent Printed Name \_\_\_\_\_