

HOUSE CALL VETERINARY SERVICES

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NEW CLIENT INFORMATION

Thank you for giving me this opportunity to care for your pet. Please help me meet your needs better by completing this information sheet. Please note that all professional fees are due at the time services are rendered.

CLIENT INFORMATION

Last Name: _____ First Name: _____

Spouse/Other: Last: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Telephone: _____ Work Telephone: _____

E-mail _____

How did you hear of my service? _____

ANIMAL MEDICAL HISTORY

Pet's Name: _____ .

Referral Veterinarian/Name: _____ Telephone: _____

Species(cat,dog,other): _____ Breed: _____ Sex: ____ . Spayed/Neutered?: (check one) Yes ____ No ____

Description(color): _____ Birth Date: _____ Age(years): _____

Amount of time your pet spends indoors/outdoors: _____

Last weight in pounds (approximate): _____

Does your pet have behavioral problems? No Yes _____

Is your pet aggressive? No Yes _____

Has your pet ever bitten anyone? No Yes _____

Has your pet had any allergic reactions to vaccines or medications? If so, which ones: _____

Please list the most recent vaccinations that were given and the date of administration: _____

Is your pet on monthly flea/tick/heartworm prevention? If so, which products do you use? _____

Is your pet on any medications currently? If so, please list: _____

What current/past medical issues has your pet had? _____

Is your pet showing any changes in drinking, eating, weight gain/loss, behavior? _____

NEW CLIENT INFORMATION (Continued)

PREVIOUS RECORDS:

In order to better treat your pet, please contact your previous veterinarian and ask them to transfer any medical records to me. This will help me to provide the best care for your pet. Your pet's records can be emailed directly to me at: sjames323@hotmail.com

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described animal.

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.

Signature: _____ Date: _____.