Welcome to Toledo Blade Animal Clinic

Client Information

Date:______________________ Name: (Last Name First) ______________________________

Address: ______________________________ City/State/Zip: ______________________________

Home Phone:______________________________ Employer:______________________________

Work Phone: ______________________________ Email Address: ______________________________

Emergency Contact Name: ______________________________Phone:______________________

Whom may we thank for referring you? ______________________________

Name of previous Veterinary Clinic? ______________________________

May we request records from previous Veterinary Clinic? Y / N Initials_______

Pet Information

	Pet #1	Pet #2	Pet #3
Name			
Species – Canine/Feline			
Date of Birth/Age			
Breed			
Color			
Sex – Male/Female			
Neutered/Spayed? Yes/No			
Prior illnesses or surgery			
Any known allergies? If so, what are they?			

Please check any symptoms you've noticed with your pet:

- ❑ Appetite Loss
- ❑ Behavioral Changes
- ❑ Breathing Problems
- ❑ Coughing
- ❑ Depression
- ❑ Diarrhea
- ❑ Eye Disorders:______________
- ❑ Gagging
- ❑ Gums Bleeding
- ❑ Limping
- ❑ Loss of Balance
- ❑ Scooting
- ❑ Scratching
- ❑ Shaking Head
- ❑ Sneezing
- ❑ Thirst
- ❑ Urination Increase
- ❑ Vomiting
- ❑ Weakness
- ❑ Other:______________
- ❑ Other:______________

Pet's History (Check all that pet has received:

- ❑ Distemper
- ❑ Parvovirus (Dog)
- ❑ Rabies (Dog/Cat)
- ❑ Feline Leukemia Test
- ❑ FVRCP (Infectious Disease-Cat)
- ❑ Dental
- ❑ Prior Surgery:______________
- ❑ Prior Illness: ______________
- ❑ Other:______________

Authorization

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 the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. For your convenience we accept cash, debit cards, all major credit cards & care credit.

Signature of client responsible for pet(s) ______________________________ Date: ______________

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