BLACK BERRY VETERINARY CENTER PLLC

Client Information:

Date: _____ E-Mail: _____
Name (Last name first): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: ( ) _____ Cell Phone: ( ) _____
Employer: _____ Work Phone: ( ) _____
Employer Address: _____
Emergency Contact: _____ Phone # _____
Referred by: _____ (if friend please specify)
Number of pets (specify by type): _____
Primary reason for visit: _____

Pet Information:

Pet's Name: _____ ☐ Dog ☐ Cat ☐ Other _____
Sex: ☐ Male ☐ Female Age: _____ Birth date: _____ Breed _____
Color: _____ Neutered/Spayed: ☐ Yes ☐ No At what age? _____
What age was pet obtained: _____
From: ☐ Friend ☐ Breeder ☐ Pet Shop ☐ Humane Society/Shelter ☐ Other
Reason for obtaining pet: ☐ Companion ☐ Protection ☐ Breeding ☐ Show
Pet's Diet: _____ Pet's Medications: _____
Vaccinations given: ☐ Distemper ☐ Rabies ☐ Feline ☐ Leukemia ☐ Lyme ☐ Lepto ☐ K9 Flu

Check all that apply:

☐ Appetite Loss/Increase
☐ Bad Breath
☐ Behavior Changes
☐ Bleeding Gums/ Nose
☐ Breathing Problems
☐ Changing Sleep Patterns
☐ Coughing
☐ Diarrhea
☐ Discharge (nose or eye)
☐ Disoriented or Confused
☐ Ear Problems
☐ Eye Problems
☐ Gagging/Snorting
☐ Hair Loss
☐ Inappropriate Elimination
☐ Increased Drinking
☐ Increased Urination
☐ Just Not Himself/Herself
☐ Lethargy/Listlessness
☐ Limping/Stiffness
☐ Loss of Balance
☐ Lumps
☐ Pregnancy (Actual or False)
☐ Scooting
☐ Scratching/Itchiness
☐ Shaking Head
☐ Shivering/Shaking
☐ Sneezing
☐ Vomiting
☐ Weakness
☐ Weight Loss/Gain (unexplained)

I hereby authorize the veterinarians to examine, prescribe for, or treat the above 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.

Signature of Client responsible for pet(s): _____ Date: _____