



TO VERMONT INTEGRATIVE VETERINARY ASSOCIATES

Client Information:

Date: _____ Social Security # _____ Drivers License # _____

Name: _____ Email: _____

Address: _____ Town: _____ Zip _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____

How did you learn about our practice?: _____

Number of pets (please specify by type & age) _____

Pet Information:

Pet's Name: _____ dog _____ cat _____ other _____

Sex: M _____ F _____ Age: _____ D.O.B. _____ Breed: _____

Color: _____ Spayed/Neutered: Yes _____ No _____ Weight _____

Has your pet been micro chipped yet? If so what is the #? _____

List your pets current medication: _____ Date last rabies vac: _____

Primary reason for today's visit: _____

Pertinent History (ie: accidents, illnesses, ect.) _____

How will you be paying for your visit today – credit card, care credit, cash or check?

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.**

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