

## Welcome To Our Office

*Welcome to Dakota Hills Veterinary Clinic. Thank you for choosing us for your pet care needs. So that we may provide the most comprehensive care for your pet, please complete this data sheet.*

Today's date \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Who will be responsible for authorizing procedures and/or paying for services?

\_\_\_\_\_

signature

**All professional fees are due at the time of service.**

Please indicate your choice of payment.

Cash             Check

Visa             Master Card     Discover

Pet's name \_\_\_\_\_  
 Dog     Cat     Other \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_ Birth date \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/neutered?  Yes  No

Reason for visit: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about us?

Individual/Who may we thank?  
 \_\_\_\_\_

Yellow pages     Web site     Clinic sign

Other \_\_\_\_\_

Where did you get your pet? \_\_\_\_\_

Have you medicated your pet recently? Y/N

If yes, please list \_\_\_\_\_

Previous injury or illness we should know about? Y/N

Briefly describe \_\_\_\_\_  
 \_\_\_\_\_

Does your pet have any drug allergies or aversions? Y/N

Please list \_\_\_\_\_

What food do you give your pet? Brand? Canned or dry?  
 \_\_\_\_\_

How many hours per day is your pet outside? \_\_\_\_\_

Is your pet on a preventative program for controlling internal parasites? Y/N External parasites? Y/N

List products \_\_\_\_\_

Are there young children in your household or young children that visit regularly? Y/N

Do you use your pet for hunting or sporting? Y/N

Do you take your pet to a grooming facility? Y/N

Do you ever board your pet? Y/N

How do you view your pet(s)?

Like a family member; concerned about all health issues and wellness programs

Simply as a pet; not as concerned about all health issues.

Would you like us to keep you updated on ways to lengthen your pet's life including regular dental care and special diets?

Yes             No

- Of the following services available, which might you utilize?
- Multiple pet savings program
  - Referral rewards program
  - After hours emergency care
  - Puppy or kitten value package
  - Senior care value package
  - Parasite control value package
  - Boarding facility       Microchip ID
  - Behavior consult       Product trials