

Welcome Back To Our Office

Welcome back 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 _____

Reason for visit: _____

Has your pet been seen or treated by another veterinary clinic since your last visit? Y/N

If yes, please explain _____

Have you medicated your pet recently? Y/N

Please describe _____

What food do you give your pet? Brand?

Have any of the following become a concern to you in your pet's behavior/health since your last visit?

- Weight gain
 Unexplained weight loss
 Bad breath (halitosis)
 Decreased activity level
 Difficulty rising or climbing stairs
 Excessive drinking or urination
 Decreased drinking or appetite
 Frequent vomiting or diarrhea
 Frequent cough, sneeze, or labored breathing
 Excessive scratching or flaky hair coat
 Lumps/masses
 Other _____

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

How many hours per day is your pet outside? ____

Would you like to know how to protect your pet against internal and external parasites? Y/N

Are there young children in your household? Y/N

Do you use your pet for sporting? Y/N

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

Do you ever board your pet? Y/N