WELCOME TO ELC VETERINARY CLINIC

Owners Name: First: _____ Last: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell phone: _____
Email Address: _____
Emergency Contact: _____
Emergency Contact Phone Number: _____
How did you hear of our hospital?

☐ Recommendation ☐ Yelp ☐ Other Internet: _____
☐ Sign ☐ Google ☐ Other: _____
If recommended, by whom? _____
Number of pets? _____ Dogs: _____ Cats: _____
Other (please specify): _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____
Breed: _____ Color: _____ Birthdate: _____
Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations): _____
_____

Please check any symptoms or problems that you have noticed about your pet.

☐ Behavioral Problems
☐ Bleeding Gums
☐ Breathing Problems
☐ Coughing
☐ Diarrhea
☐ Eye Bulging or Bloodshot
☐ Gagging
☐ Lack of Appetite
☐ Limping
☐ Loss of Balance
☐ Scooting
☐ Scratching
☐ Seems Depressed
☐ Shaking Head
☐ Sneezing
☐ Thirst and/or Urination Increased
☐ Vomiting
☐ Weakness

Pets current medications: _____
Describe your pets diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for and/or treat the pet described above. I assume full responsibility for all changed included and the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

_____ _____
Signature of Owner or Responsible Agent Date

I agree that ELC Veterinary Clinic may use photographs of my pet with or without the pets name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. ☐ YES ☐ NO

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED
Please ask a member of our Healthcare Team for a written estimate of potential costs.
THERE ARE NO STAFF ON DUTY AFTER HOURS