

COLLEGE VILLAGE ANIMAL CLINIC, INC.



JON BASLER, DVM • ALISON CAPITAN, DVM • PETER NICHOLSON, DVM • PAM TUOMI, DVM • ALICE VELSKO, DVM

Welcome to College Village Animal Clinic. Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following form. (PLEASE PRINT)

PET'S INFORMATION

Pet's Name:	Date Of Birth:	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Bird	<input type="checkbox"/> Other	
Breed:	Color:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown	<input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed
Identifiers: (Microchip #, tattoos, special marks, declawed, AKC #)						
Do you currently have Pet Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which company?						
Tell us a little about what your pet means to you:						

CLIENT INFORMATION

Owner Name: (Last)	(First)	(MI)
Co-Owner Name: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other (Last)	(First)	(MI)
Mailing Address:		
City:	State:	ZIP Code:

Client Contact Information (Please list these numbers in the order that you want us to use them to contact you)

1. Name:	Phone#: ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
2. Name:	Phone#: ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
3. Name:	Phone#: ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

E-mail Address:

Employer:	Work Phone #: ()
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How did you become aware of our hospital?	<input type="checkbox"/> Currently have another pet seen here	<input type="checkbox"/> Sign/Location	<input type="checkbox"/> Personal Recommendation: (whom may we thank?)
	<input type="checkbox"/> Previously had another pet seen here	<input type="checkbox"/> Facebook	
	<input type="checkbox"/> Internet: (please specify where)	<input type="checkbox"/> Yellow Pages	

AUTHORIZATION

I am the owner of the above named animal or am responsible for it and have authorization to execute consent. I hereby authorize treatment of this animal and performance of such medical, surgical, or therapeutic procedures as you determine to be indicated and use such anesthetics as you deem advisable. It is agreed that past due accounts are subject to maximum allowable per month late charges, and in addition, all cost of collection including a reasonable attorney's fee. By signing this form I am allowing College Village Animal Clinic to use class videos and photos for marketing materials, including the clinic website and social media pages.

Signature:

Date:

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. All professional fees are due at the time services are rendered. Your preferred method of payment: Cash Check MC/VISA Care Credit

PET HISTORY

Previous Veterinarian:	
Any known allergies:	Has your pet ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any medications your pet is currently taking (drug name, dose, how often given?):	
Previous illnesses/injuries?	Spayed/Neutered at what age?
Food: <input type="checkbox"/> Dry <input type="checkbox"/> Soft/Moist <input type="checkbox"/> Canned Brand(s):	Treats/Supplements:
Acquired at what age:	Origin: <input type="checkbox"/> Breeder <input type="checkbox"/> Animal Control <input type="checkbox"/> Stray <input type="checkbox"/> Pet Shop <input type="checkbox"/> Individual/Friend
Has your pet ever traveled/lived out of Alaska? <input type="checkbox"/> No <input type="checkbox"/> Yes (States and approximate dates)	
Office Use Only: Vaccine History Received _____ Vaccine History/Reminders Into VIA _____	