**Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Species: \_\_\_\_\_Canine \_\_\_\_\_ Feline Gender: \_\_\_\_\_Male \_\_\_\_\_Female**

**Is your pet spayed or neutered? \_\_\_\_\_Yes \_\_\_\_\_No Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Color and markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth or approximate age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other pets at home? \_\_\_\_\_\_Yes \_\_\_\_\_\_No If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Veterinarian/Practice (include location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What brand of pet food do you feed your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you feed your pet dry food, wet food, or a combo? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How much do you feed your pet daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are your pet’s vaccines up to date? \_\_\_\_\_Yes \_\_\_\_\_No**

**Does your DOG get vaccinated against Lyme Disease? \_\_\_\_\_Yes \_\_\_\_\_No**

**Is your CAT indoor only, outdoor only, or both? \_\_\_\_\_Indoor only \_\_\_\_\_Outdoor only \_\_\_\_\_Both**

**Is your pet on regular flea and tick prevention? \_\_\_\_\_Yes \_\_\_\_\_No**

**If yes, what brand? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your pet on a year-round heart worm preventative? \_\_\_\_\_Yes \_\_\_\_\_No**

**If yes, what brand? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your pet react to any vaccines, medications, or food? \_\_\_\_\_Yes \_\_\_\_\_No**

**If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your pet on any current medications? \_\_\_\_\_Yes \_\_\_\_\_No**

**If yes, what medications (including dosage and frequency)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your pet have any chronic medical problems? \_\_\_\_\_Yes \_\_\_\_\_No**

**If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your pet had any illnesses, injuries or recent medical problems? \_\_\_\_\_Yes \_\_\_\_\_No**

**If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you noticed any recent:**

**Vomiting or diarrhea? \_\_\_\_\_Yes \_\_\_\_\_No**

**Constipation or straining to go to the bathroom? \_\_\_\_\_Yes \_\_\_\_\_No**

**Gagging or choking? \_\_\_\_\_Yes \_\_\_\_\_No**

**Coughing, sneezing, or wheezing? \_\_\_\_\_Yes \_\_\_\_\_No**

**Stiffness, soreness or lameness? \_\_\_\_\_Yes \_\_\_\_\_No**

**Itching, scratching or excessive licking? \_\_\_\_\_Yes \_\_\_\_\_No**

**Scooting or licking rear end? \_\_\_\_\_Yes \_\_\_\_\_No**

**Head shaking? \_\_\_\_\_Yes \_\_\_\_\_No**

**Lumps or bumps? \_\_\_\_\_Yes \_\_\_\_\_No**

**Discharge from eyes or nose? \_\_\_\_\_Yes \_\_\_\_\_No**

**Bad breath or body odors? \_\_\_\_\_Yes \_\_\_\_\_No**

**Seizures or tremors? \_\_\_\_\_Yes \_\_\_\_\_No**

**Have you noticed any changes in:**

**Behavior? \_\_\_\_\_Yes \_\_\_\_\_No**

**Eating or drinking habits? \_\_\_\_\_Yes \_\_\_\_\_No**

**Frequency or amount of urination? \_\_\_\_\_Yes \_\_\_\_\_No**

**Energy or activity level? \_\_\_\_\_Yes \_\_\_\_\_No**

**Coat, hair, or skin? \_\_\_\_\_Yes \_\_\_\_\_No**

**Weight? \_\_\_\_\_Yes \_\_\_\_\_No**

**Any other concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Authorization/Payment Policy:**

**By signing below, I authorize ELEMENTAL PET VETS, PLLC to exam my pet. I understand that payment is due at time of service. An estimate will be given per my request. A treatment plan will be discussed with me prior to performing any such treatments.**

**I assume responsibility for all charges incurred in the care of my pet.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Media Policy:**

**\_\_\_\_\_** I give ELEMENTAL PET VETS, PLLC permission to take photos and or videos of my pet that may be shared on social media. I understand that a brief description of my pet’s presenting problem may accompany any pictures/videos of my pet.

\_\_\_\_\_ I DO NOT give ELEMENTAL PET VETS, PLLC permission to take photos and or videos of my pet for any reason.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**