

WELCOME TO NORTH COUNTRY VETERINARY SERVICES!

We are glad to have the opportunity to care for your pet today. Please help us get to know you by providing some basic information.

_____ Date

Primary Owner:

_____ Home or Cell
Last Name First Name M.I. Primary Phone

_____ Street Apt. # City State Zip

_____ Home or Cell
Secondary Phone E-mail (Please print clearly)

DOB: _____ Driver's License #: _____ County: _____

If necessary, may we call you at work? Please list your employer and work phone number:

How do you prefer to receive reminders for upcoming appointments?

_____ Email _____ Phone Call _____ Text

How do you prefer to receive upcoming medical reminders (vaccines, etc.)? _____ Email _____ Mail

Secondary Contact: Name/Relationship: _____

_____ Home or Cell _____ Home or Cell

Primary Phone Secondary Phone

_____ Street Apt. # City State Zip

_____ E-mail (Please print clearly)

****Please note:** Secondary contact is for emergency purposes. Their information will not be used for reminders, invoices, or email spam.

HOW DID YOU CHOOSE OUR HOSPITAL?

_____ Phone book _____ Facebook _____ Close to home Recommendation: _____

_____ Website Other: _____

ALL FEES ARE DUE AT TIME OF SERVICE.

I acknowledge that payment is due in full at the time of service. I understand I may ask N.C.V.S. to provide me with an update of current charges and an estimate for treatment at any time.

I agree to make appointment changes 24 hours in advance or charges may be incurred.

_____ Signature

_____ Date

Continued on reverse...

Pet Information: (Please provide appropriate information for each pet.)

	Pet 1	Pet 2	Pet 3
Name			
Species			
Breed			
Color			
Birthday/Age			
Sex (M/F?) (Spay/Neutered?)			
Cats: Leukemia tested?			
Special Diet			
Any known allergies			
Rabies (Y/N and Date)			
Distemper/Parvo-virus (Y/N and Date)			
Lyme Vaccination (Y/N and Date)			
Heartworm Test (Y/N and Date)			

If you have any copies of medical or vaccination records, please bring them up to the front desk.

Previous veterinarian/clinic: _____

May we share pictures or stories of your pets to our website/social media pages?

_____ Yes _____ No

Reason for Visit: (Please list your concerns for the pet we are seeing today.)

Primary reason for visit: _____

Symptoms your pet is demonstrating:

- | | | |
|---|--|---|
| <input type="checkbox"/> Appetite Loss | <input type="checkbox"/> Gagging | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Gums Bleeding | <input type="checkbox"/> Thirst |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eye Disorders | <input type="checkbox"/> Shaking Head | |

Prior Surgeries: _____

Prior Illnesses: _____

Additional Information/Concerns:

WE LOOK FORWARD TO SERVING YOU AND YOUR PETS.

THANK YOU!

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.



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