



## **Dr. Aubrey, Dr. Illg, Dr. Renee & Staff Welcome You & Your Pet Back!**

So we have you and your pet's most current information please fill out the following:

### **Client Information**

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### **Pet Information**

Pet's Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Please list other pets: \_\_\_\_\_

### **Pets History**

How often is your pet outside: \_\_\_\_\_

Describe pet's diet: \_\_\_\_\_

Currently on any medications or supplements  Yes  No Please List: \_\_\_\_\_

Current or past health issues and/or allergies: \_\_\_\_\_

### **Please check any symptoms or problems you've noticed with your pet**

- Appetite loss    Gagging    Sneezing    Behavioral Changes    Shaking head  
 Bad breath    Diarrhea    Breathing problems    Limping    Lethargy  
 Coughing    Vomiting    Increased Urination    Scooting    Unusual Lumps  
 Scratching    Hair loss    other: \_\_\_\_\_

### **Please check any services you'd like to hear more about**

- Laser Therapy    Surgical laser    Acupuncture/Chiropractic    Dentals    Dental X-rays  
 Science Diet Food