



The Humboldt Veterinary Clinic Welcomes You & Your Pet!

Client Information

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Spouse Cell: _____

Email: _____

(E-mail needed for access to our PetDesk smartphone app to access your pet's vaccination history, request appointments, medication refills, and more!)

Pet Information

Pet's Name: _____ Dog Cat Other: _____

Breed: _____ Color: _____

Sex: M F Neutered/Spayed Birthdate: _____ Age: _____

Current on Vaccinations Yes No Microchipped: Yes No

***We love our patients so much that we would love to feature them from time to time on our social media pages. Does HVC have permission to post photo(s) of your pet(s) on social media? Yes No

Initials _____

Describe Pets Diet: _____

How often is your pet outside: _____

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: _____

Are there any other concerns/things you would like to discuss with the veterinarian? _____