



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!)

Payment is due at the time of service

Form of payment today (circle one) Cash Check Credit Card Care Credit

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? _____