

Welcome to Our Office!



1100 N Webster St.
Taylorville, IL 62568

Today's Date _____
Name _____ **Spouse/Other Name** _____
Street _____
City _____ **State** _____ **Zip** _____ **County** _____
Home Phone _____ **Work** _____ **Cell** _____
Employer _____ **Employer's Phone Number** _____
Emergency Contact _____ **Phone Number** _____
Email _____

Pet's Name _____ Age _____ Breed _____ Color _____
Male/Female _____ Spayed/Neutered _____
What food does your pet eat? _____ Where does your pet sleep? _____
How much time does your pet spend outdoors? Exclusively More than ½ Less than ½ Almost none
Current Medications: _____
What prior illness or health issues has your pet had? _____

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Is your pet spayed or neutered? Yes No
 If no, do you plan to have it done? Yes No

Did you bring previous medical records? Yes No

Does your pet have any drug allergies? Yes No

Do you take your pet on vacation? Yes No

Does your pet visit the groomer or the dog park? Yes No

Has your pet been microchipped? Yes No

Has your pet ever had a dental cleaning? Yes No

Does your pet swim in area lakes and streams? Yes No

Does your pet go hiking or camping with you? Yes No

Do you have children? If so, what are their ages? _____

Is your pet on a preventative program for controlling internal parasites (heartworms, roundworms, etc)? Yes No

Is your pet on a preventative program for controlling external parasites (fleas,ticks,mange)? Yes No

Are you interested in laser therapy that can reduce pain, increase mobility, and speed up healing, especially for arthritis? Yes No

Do you know the importance (kidney disease, diabetes) of baseline bloodwork for your pet's future? Yes No

How do you view your pet: like part of the family needing preventative care or just a pet needing basic care?

Please circle any of the following that are a concern to you regarding your pet's behavior/health?

Bad Breath Excessive barking Itching/scratching

House breaking Wetting in the house Biting

Problems getting up after laying down Clawing/digging

Other _____

Please circle which services you might utilize?

Boarding Grooming

Dentistry Laser Therapy Nutrition

Referral rewards programs

Value package programs

How did you hear about us?

Personal Referral (who shall we thank)? _____

Yellow pages Sign (drove by) Veterinarian _____

Facebook Google Yahoo Clinic Website

Other _____