Holistic Pet Vet Clinic LLC

Quality Integrative Medicine with an Emphasis on Naturopathic Care

Pet Information

Name: _____ Birth date/approximate age: _____

Species: ❑ Dog ❑ Cat

Sex: ❑ Female ❑ Male

Spayed/neutered? ❑ No ❑ Yes, at age: _____

Breed: _____ Color: _____

Primary reason for visit: _____

_____

Has your pet had any adverse reactions to vaccines? If so, please describe: _____

_____

Diet: _____

Pre-existing conditions: _____

Allergies: _____

Behavioral issues or changes: _____

Because many of our clients choose to maintain relationships with their allopathic vets for complementary or emergency care, it is helpful for us to have contact information when coordinating the care of your pet. Please list any other veterinary doctors or facilities that you may be working with:

Veterinarian/Clinic: _____ Phone number: _____

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Authorization

I hereby authorize the veterinarian to examine, prescribe for, and treat the animal described above. I certify that this is, indeed, my animal, or that I have been authorized by its rightful guardian to seek medical services. I assume all financial responsibility for services provided and charges incurred in the care of this animal. I understand that all charges are to be paid at the time services are rendered.

_____ _____

Guardian or Responsible Party Date

_____ _____

Holistic Pet Vet Clinic LLC Witness Date

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