



Prises Creek Veterinary Service
6799 US 40 East
Lewisburg, Ohio 45338
(937)962-7035

Thank you for choosing Prises Creek Veterinary Service to care for your pet. In order to best serve you please complete the following:

Tell us about you!

Your Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment/Ocupation: _____

E-Mail Address: _____

Would you like a written estimate of cost prior to the treatment of your pet? Yes No

If any other person is authorized to make medical decisions for your pet besides listed above please list here:

Name: _____ Title: _____

How did you hear about us? (please circle): Website? _____ Sign/Drive By?

Newspaper? _____ Referral? Who may we thank: _____

Other: _____

ALL FEES ARE DUE AT THE TIME OF SERVICE:

I authorize the treatment of my pet by all staff at Prises Creek Veterinary Service and confirm that I am older than 18 years of age. I will assume responsibility for all charges incurred in the care of all animals listed under my name and that all payment is expected at the time of service.

Client Signature: _____ Print: _____ Date: _____

Photo agreement (OPTIONAL):

I authorize photographs to be taken of all of the animals listed under my name including myself for educational and/or promotional use that include but are not limited to the clinic website, Facebook, or printed educational/promotional materials.

Client Signature: _____ Print: _____ Date: _____

Tell us about your pet!

Name: _____

Dog Cat Other: _____ Breed: _____

Gender/Status (please circle): Female Spayed Female Male Neutered Male

Birth Date/Approx. Age _____ Color and Markings: _____

Where was your pet obtained from (please circle): Shelter Pet Store Family/Friend Breeder
Other: _____

Health Concerns and Medical History

Where can we obtain your pet's previous medical history (name and phone number)? _____ Date of last visit: _____

Known health issues or chronic ailments: _____

Any known allergies/Vaccine Reactions: _____

Current Medications taken by pet: (please include prescriptions, supplements or over the counter): _____

Vaccine History

Date of last Rabies: _____ Distemper Combo: _____ Kennel Cough: _____

Feline Leukemia: _____ Heartworm test: _____ Fecal Exam: _____

Behavior (please all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> High activity level | <input type="checkbox"/> Walks in woods | <input type="checkbox"/> Obedience/training classes |
| <input type="checkbox"/> Moderate activity level | <input type="checkbox"/> Exposed to other pets | <input type="checkbox"/> Doggie Daycare |
| <input type="checkbox"/> Sedentary | <input type="checkbox"/> Exposed to other pets | <input type="checkbox"/> Contact with neighborhood pets |
| <input type="checkbox"/> Decreased activity level | <input type="checkbox"/> Boards Frequently | <input type="checkbox"/> Dog Park |
| <input type="checkbox"/> Goes outside frequently | <input type="checkbox"/> Travels Frequently | <input type="checkbox"/> Repetitive behaviors |
| <input type="checkbox"/> Indoors Only | <input type="checkbox"/> Exposed to wildlife near home | <input type="checkbox"/> Any new experiences such as bathing, moving, new baby, pets? |
| <input type="checkbox"/> Outdoors Only | <input type="checkbox"/> Goes near streams, stagnant water | |

What are your goals for today's visit? _____
