



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

Thank you for choosing Prices 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: \_\_\_\_\_

Main Contact number: Home OR Cell Phone? (please circle)

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Receives text message?  Yes  No

Secondary Contact number: Home OR Cell Phone? (please circle)

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Receives text message?  Yes  No

Place of Employment/Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

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: \_\_\_\_\_

**HOW ARE YOU PAYING TODAY:** CREDIT CARD \_\_\_ CASH \_\_\_ CHECK \_\_\_ CARECREDIT \_\_\_

**ALL FEES ARE DUE AT THE TIME OF SERVICE:** I authorize the treatment of my pet by all staff at Prices 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!

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"/> Contact with neighborhood pets    | <input type="checkbox"/> Dog Park   |
| <input type="checkbox"/> Decreased activity level | <input type="checkbox"/> Boards Frequently                 | <input type="checkbox"/> Repetitive behaviors   |
| <input type="checkbox"/> Goes outside frequently  | <input type="checkbox"/> Travels Frequently                |   |
| <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? \_\_\_\_\_

---