

### Client Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Additional Owner, Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Please indicate your preferred method of contact:  Home Phone  Cell Phone  Work Phone  Email  Text  US Mail  
 How did you hear about us? \_\_\_\_\_  
 Current University of Illinois faculty, staff, or student?  Yes  No

### Pet Information

Pet's Name \_\_\_\_\_  M  F  
 Dog  Cat  Other \_\_\_\_\_  
 Is your pet indoor, outdoor or both? (please circle)  
 Breed \_\_\_\_\_ Color \_\_\_\_\_  
 Age or Date of Birth \_\_\_\_\_  Neutered, at age \_\_\_\_\_  
 Microchip Number \_\_\_\_\_

#### Primary Reason for Today's Visit

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Please check any symptoms or problems you've noticed with your pet:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Appetite Loss      | <input type="checkbox"/> Gagging         | <input type="checkbox"/> Sneezing           |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Gums Bleeding   | <input type="checkbox"/> Thirst Increase    |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping         | <input type="checkbox"/> Urination Decrease |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Scooting        | <input type="checkbox"/> Vomiting           |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Scratching      | <input type="checkbox"/> Weakness           |
| <input type="checkbox"/> Eye Disorders      | <input type="checkbox"/> Shaking Head    | <input type="checkbox"/> Weight Gain/Loss   |
| <input type="checkbox"/> Other _____        |  |   |
| <input type="checkbox"/> Other _____        |  |   |

I think my pet is (circle one) underweight / ideal weight / overweight.  
 Are you concerned about your pet's weight? (circle one) yes / no

#### Vaccine, Test and Pet Health History

Bordetella  Y  N  Unsure Date \_\_\_\_\_  
 Dental  Y  N  Unsure Date \_\_\_\_\_  
 Distemper  Y  N  Unsure Date \_\_\_\_\_  
 Feline Leukemia Test  Y  N  Unsure Date \_\_\_\_\_  
 FVRCP (Cat Disease)  Y  N  Unsure Date \_\_\_\_\_  
 Leptospirosis  Y  N  Unsure Date \_\_\_\_\_  
 Lyme  Y  N  Unsure Date \_\_\_\_\_  
 Parvovirus (Dog)  Y  N  Unsure Date \_\_\_\_\_  
 Rabies (Dog/Cat)  Y  N  Unsure Date \_\_\_\_\_  
 Heartworm Test  Y  N  Unsure Date \_\_\_\_\_  
 Heartworm Preventive  Y  N Type \_\_\_\_\_  
 Prior Surgery \_\_\_\_\_  
 Prior Illness \_\_\_\_\_  
 Previous Labwork \_\_\_\_\_  
 Other \_\_\_\_\_

Please describe your pet's diet \_\_\_\_\_  
 \_\_\_\_\_

Please list all your pet's medication (s) \_\_\_\_\_  
 \_\_\_\_\_

Please list any allergies \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else in specific we should know about your pet? \_\_\_\_\_  
 \_\_\_\_\_

## Pet Information (Second Animal)

Pet's Name \_\_\_\_\_  M  F

Dog  Cat  Other \_\_\_\_\_

Is your pet indoor, outdoor or both? (please circle)

Breed \_\_\_\_\_ Color \_\_\_\_\_

Age or Date of Birth \_\_\_\_\_  Neutered, at age \_\_\_\_\_

Microchip Number \_\_\_\_\_

### Primary Reason for Today's Visit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please check any symptoms or problems you've noticed with your pet:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Appetite Loss      | <input type="checkbox"/> Gagging         | <input type="checkbox"/> Sneezing           |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Gums Bleeding   | <input type="checkbox"/> Thirst Increase    |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping         | <input type="checkbox"/> Urination Decrease |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Scooting        | <input type="checkbox"/> Vomiting           |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Scratching      | <input type="checkbox"/> Weakness           |
| <input type="checkbox"/> Eye Disorders      | <input type="checkbox"/> Shaking Head    | <input type="checkbox"/> Weight Gain/Loss   |

Other \_\_\_\_\_

Other \_\_\_\_\_

I think my pet is (circle one)  underweight /  ideal weight /  overweight.

Are you concerned about your pet's weight? (circle one)  yes /  no

### Vaccine, Test and Pet Health History

Bordetella  Y  N  Unsure Date \_\_\_\_\_

Dental  Y  N  Unsure Date \_\_\_\_\_

Distemper  Y  N  Unsure Date \_\_\_\_\_

Feline Leukemia Test  Y  N  Unsure Date \_\_\_\_\_

FVRCP (Cat Disease)  Y  N  Unsure Date \_\_\_\_\_

Leptospirosis  Y  N  Unsure Date \_\_\_\_\_

Lyme  Y  N  Unsure Date \_\_\_\_\_

Parvovirus (Dog)  Y  N  Unsure Date \_\_\_\_\_

Rabies (Dog/Cat)  Y  N  Unsure Date \_\_\_\_\_

Heartworm Test  Y  N  Unsure Date \_\_\_\_\_

Heartworm Preventive  Y  N Type \_\_\_\_\_

Prior Surgery \_\_\_\_\_

Prior Illness \_\_\_\_\_

Previous Labwork \_\_\_\_\_

Other \_\_\_\_\_

Please describe your pet's diet \_\_\_\_\_

\_\_\_\_\_

Please list all your pet's medication(s) \_\_\_\_\_

\_\_\_\_\_

Please list any allergies \_\_\_\_\_

\_\_\_\_\_

Is there anything else in specific we should know about your pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant full permission to Furnetic/University of Illinois to utilize photograph(s) or images of the above described pet(s) in any publication or advertising materials (printed or electronic) for educational or marketing purposes. This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my pet's photograph and/or name.

Signature \_\_\_\_\_ Date \_\_\_\_\_