OXFORD VETERINARY HOSPITAL

Chris Reagh DVM * Jodi Duff DVM * Andrea Mears DVM * Ron Reagh DVM

CLIENT INFORMATION   DATE:

NAME:

SOCIAL SECURITY #:   EMPLOYER:

SPOUSE / CO-OWNER:

ADDRESS / APT #:

CITY / STATE / ZIP:

HOME PHONE: CELL OR WORK PHONE:

ADDITIONAL PHONE (SPOUSE, EMERGENCY CONTACT?):

MAY WE SEND YOU CORRESPONDENCE BY E-MAIL?IF YES, PLEASE **CLEARLY PRINT** E-MAIL ADDRESS:

MAY WE PUT YOUR PET'S PHOTO ON OUR FACEBOOK PAGE?   YES   NO

MIAMI UNIVERSITY STUDENTS, PLEASE INDICATE GRADUATION DATE (MONTH / YEAR):

HOW DID YOU LEARN OF OUR CLINIC? PLEASE CIRCLE ONE: YELLOW PAGES   SIGN   INTERNET

RECOMMENDATION   (IF SO, BY WHOM?)   OR OTHER

METHOD OF PAYMENT FOR TODAY'S SERVICES: CASH   CHECK   VISA   MASTERCARD   DISCOVER   AMERICAN EXPRESS   CARE CREDIT

PET HEALTH HISTORY

PET'S NAME: PLEASE INDICATE: CAT   DOG   OTHER

BREED: COLOR:

BIRTHDATE OR AGE:

SEX: MALE   OR   FEMALE   /   SPAYED   OR   NEUTERED?   Y   OR   N

DATE OF MOST RECENT VACCINATIONS:

PLEASE CHECK ANY OF THE FOLLOWING SYMPTOMS YOU HAVE NOTICED IN YOUR PET:

___ BEHAVIOR PROBLEMS
___ BLEEDING GUMS
___ BREATHING PROBLEMS
___ COUGHING
___ DIARRHEA
___ SEEMS DEPRESSED
___ LACK OF APPETITE
___ LIMPING
___ LOSS OF BALANCE
___ SCOOTING
___ SCRATCHING
___ GAGGING
___ SNEEZING
___ EYES BULGING OR BLOODSHOT
___ VOMITING
___ WEAKNESS
___ SHAKING HEAD
___ INCREASED THIRST OR URINATION

OTHER: ____

____

PLEASE DESCRIBE YOUR PET'S DIET: ______________________________

PLEASE LIST ANY CURRENT MEDICATIONS: ______________________________