

# Prairie Ridge Veterinary Clinic

www.prvcl.net

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## WELCOME TO OUR OFFICE

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse/other name \_\_\_\_\_

Children's names/ages \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Other phone(specify) \_\_\_\_\_

Employer \_\_\_\_\_ Email address \_\_\_\_\_

Social security number \_\_\_\_\_ Emergency contact name/number \_\_\_\_\_

Best time/place to call you regarding your pet's care \_\_\_\_\_

### How did you hear about us?

- Personal referral by friend, relative, etc.(who shall we thank?) \_\_\_\_\_
- Yellow Pages(which one?) \_\_\_\_\_
- Civic Group or Community Event \_\_\_\_\_
- Sign (drove by) \_\_\_\_\_
- Newspaper Ad(which paper?) \_\_\_\_\_
- Radio Ad(which station?) \_\_\_\_\_
- Cable(which channel?) \_\_\_\_\_
- New Resident Program \_\_\_\_\_
- Pet Store/Humane Society \_\_\_\_\_
- Direct Mail or Coupon (what piece?) \_\_\_\_\_

Where did you get your pet? \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

What food does your pet eat? \_\_\_\_\_

Canned or dry? \_\_\_\_\_

Is your pet fed any table scraps(people food?) \_\_\_\_\_

How often do you bathe/brush your pet? \_\_\_\_\_

How much time does your pet spend outdoors? \_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

How much time does a family member spend with your pet per day? \_\_\_\_\_

What prior illness or health issues has your pet had? \_\_\_\_\_

### How do you view your pet(s) in terms of overall health concerns/issues?

- As a family member (I am concerned about all health issues/recommendations)      Check any of the following that are of concern to you regarding your pet's behavior/health:
- As a pet (I am not concerned about all preventative and wellness issues)

Is your pet spayed or neutered?	No	Yes	<input type="checkbox"/> Excessive barking	<input type="checkbox"/> Straying from home
If no, do you plan to have it done?	No	Yes	<input type="checkbox"/> House breaking	<input type="checkbox"/> Itching/scratching
Do you plan to breed your pet?	No	Yes	<input type="checkbox"/> Wetting/spraying in the house	<input type="checkbox"/> Overly rambunctious
Does your pet have any drug allergies?	No	Yes	<input type="checkbox"/> Problems around children	<input type="checkbox"/> Biting
Did you bring previous medical records?	No	Yes	<input type="checkbox"/> Shedding	<input type="checkbox"/> Clawing or digging
Do you take your pet with you on vacation?	No	Yes	<input type="checkbox"/> Jumping	<input type="checkbox"/> Bad breath
Will you ever need to board your pet?	No	Yes	<input type="checkbox"/> Other _____	
Do you use your pet for hunting?	No	Yes	Which of the following services might you utilize:	
Is your pet on a preventative program for controlling external parasites (fleas and ticks)?	No	Yes	<input type="checkbox"/> Lodging/boarding facility	<input type="checkbox"/> Evening hours
			<input type="checkbox"/> Referral rewards program	<input type="checkbox"/> Grooming
Is your pet on a preventative program for controlling internal parasites(heartworm,roundworm,hookworm, etc)?	No	Yes	<input type="checkbox"/> Behavior training classes	<input type="checkbox"/> Day care
			<input type="checkbox"/> Value package programs	<input type="checkbox"/> Product trials
Does your pet spend long periods of time alone during the day?	No	Yes	Do you have more than one pet? If so, please list all pets below, starting with today's patient:	
Are you interested in having your pet micro chipped?	No	Yes	Name:	M/F Breed Age Last Exam
Has your pet ever had dental care?	No	Yes	_____	_____
Do you understand the health benefits and life extending effects of providing proper dental care for pets?	No	Yes	_____	_____
Do you have veterinary pet insurance?	No	Yes	_____	_____