

Please fill this form out as completely as possible and return to the front desk receptionist.

Owner Information:

Last: _____ First _____ Title: Mr. / Mrs. / Ms.
Address: _____ Zip: _____
_____ Phone: _____
City: _____ Work: _____
Spouse: _____ Fax: _____ Cell: _____
E-Mail: _____
SSN: _____ D/L: _____ Employer: _____
County: _____

Pet Information:

Name: _____ Sex: Male / Neutered / Female / Spayed
Birthday: _____ Age: _____
Breed: _____ ID: _____ (tattoo or microchip)
Color: _____
Species: Canine / Feline / Other _____ Allergies: _____

Health / Vaccination Status: Please provide dates of most recent vaccinations.

Rabies: _____ Distemper Combo: _____ Kennel Cough: _____
Feline Leukemia: _____ Feline FIV: _____

1. Has your pet had any coughing or sneezing Y / N
If yes, is there presence of blood? Y / N
How long has this condition existed? _____

2. Has your pet had any vomiting? Y / N
If yes, is there presence of blood? Y / N
How long has this condition existed? _____

3. Does your pet have bad breath? Y / N
Does your pet have difficulty chewing or swallowing? Y / N

4. Does one or both of the ears have a foul smell? Y / N
Do you notice discharge from or debris in the ear (s)? Y / N
Does your pet scratch at his / her ears? Y / N

5. Does your pet have diarrhea? Y / N
If yes, is there presence of blood? Y / N
Does your pet scoot or drag his bottom on the floor? Y / N
How long has your pet presented these symptoms? _____

6. Does your pet have skin / coat problems?.....Y / N
Is the skin dry / flaky?Y / N
Is there a rash or scabs?Y / N
Are there lumps / bumps?Y / N
Does your pet have hair loss or thinning hair?Y / N

7. In general, over the last month, have your pet's:
Water consumptionIncreased..... Decreased ...No Change
Food consumptionIncreased..... Decreased ...No Change
Activity LevelIncreased Decreased... No Change
Bowel MovementsIncreased Decreased ...No Change
Urination Increased.....Decreased... No Change
Weight Increased.....Decreased... No Change

8. If your pet is an intact female, when was her last heat cycle? _____

9. Do you have concerns not addressed above?Y / N
If yes, please explain: _____

10. What treatment have you provided? _____

11. Is your pet currently on any medications (antibiotics, pain relievers, vitamins, Heartguard, etc.)Y / N
If yes, please list: _____

12. How did you choose Rugby Veterinary Service? (Please Circle)
Current Client / Radio / Newspaper / Web Site /
Yellow Pages (which book? _____) / Referral (who? _____)

13. How do you intend to pay for your services today? (Please circle)
Cash / Check / Visa / Master Card / Discover / American Express / CareCredit