

**Premier Veterinary Center**  
**712 South State Street**  
**Waseca, MN**

Welcome to Premier Veterinary Center and thanks for choosing us. We are pleased to welcome you and your family to our practice. Please take a few minutes to fully complete this form, front and back, so we may better serve you. We look forward to a long and rewarding relationship with you and your pet.

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

**Client Information**

Name \_\_\_\_\_ Spouse/Other Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Best time to call you regarding your pet's care \_\_\_\_\_ Email \_\_\_\_\_

**Pet Information - 1**

Pet's Name \_\_\_\_\_ Dog Cat Other \_\_\_\_\_  
Age \_\_\_\_\_ OR Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male Female Don't Know  
Neutered/Spayed: Yes No If Yes, At What Age? \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Where Did You Obtain Your Pet? Friend Breeder Pet Shop Humane Society  
Other (Please Indicate Where) \_\_\_\_\_  
What Diet Is Your Pet Currently On? \_\_\_\_\_  
Are There Any Prior Illnesses We Should Know About? Yes No  
If Yes, What Are They? \_\_\_\_\_

**Pet Information - 2**

Pet's Name \_\_\_\_\_ Dog Cat Other \_\_\_\_\_  
Age \_\_\_\_\_ OR Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male Female Don't Know  
Neutered/Spayed: Yes No If Yes, At What Age? \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Where Did You Obtain Your Pet? Friend Breeder Pet Shop Humane Society  
Other (Please Indicate Where) \_\_\_\_\_  
What Diet Is Your Pet Currently On? \_\_\_\_\_  
Are There Any Prior Illnesses We Should Know About? Yes No  
If Yes, What Are They? \_\_\_\_\_

**If you have additional pets please let us know and we will give you an additional sheet**

**How did you hear about us?**

Yellow Pages Sign(drove by) New Resident Program Petco Direct Mail Other \_\_\_\_\_  
Referred By A Current Client (Whom should we thank?) \_\_\_\_\_

**As the person responsible for the pet(s) on this file, I understand that all payment is due at the time services are rendered.**

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out Patient History Form on the back**

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# Premier Veterinary Center Patient History Form

1. Reason for today's visit? \_\_\_\_\_
2. Vaccines current? Yes No (if yes, where and when?) \_\_\_\_\_
3. Heartworm test in last 12 months? Yes No
4. Fecal test in last 12 months? Yes No
5. Heartworm prevention Yes No (what type) \_\_\_\_\_
6. Flea or tick prevention Yes No (what type) \_\_\_\_\_
7. Microchip? Yes No Number? \_\_\_\_\_
8. Do you travel with your pet? Yes No Where? \_\_\_\_\_
9. Has your pet been examined elsewhere in the past year? Yes No Where? \_\_\_\_\_
10. Are you currently giving your pet any medications? Yes No What? \_\_\_\_\_
11. Is your pet allergic to any food, medication or treatment? Yes No What? \_\_\_\_\_
12. Has your pet ever had a seizure or behavioral problems? Yes No  
\_\_\_\_\_
13. Has your pet had any illness/injury in the last year? Yes No \_\_\_\_\_
14. Has there been any recent vomiting or diarrhea? Yes No \_\_\_\_\_
15. Has your pet been coughing, sneezing or gagging? Yes No \_\_\_\_\_
16. Any unusual itching, scratching or head shaking? Yes No
17. Any listlessness, weakness, or lethargy? Yes No \_\_\_\_\_
18. Any stiffness or pain? Yes No Where? \_\_\_\_\_
19. Any limping? Yes No \_\_\_\_\_
20. Any new or unusual lumps or bumps? Changes? Yes No \_\_\_\_\_
21. How much time does your pet spend outdoors? Exclusively More than ½ Less than ½ Almost none
22. Bad Breath? Yes No
23. Does your pet visit the groomer or the dog park? Yes No
24. Are you interested in learning how to extend your pet's life expectancy through nutrition? Yes No

**Please circle any of the following that are a concern to you regarding your pet's behavior/health?**

Bad Breath Excessive barking Itching/scratching Problems getting up after lying down

House breaking Wetting in the house Biting Other \_\_\_\_\_

**Please circle which services you might utilize**

Lodging/boarding Facility Weekend hours Referral rewards programs Grooming

## New/Additional Pet Information

### Pet Information

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Age \_\_\_\_\_ OR Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male Female Don't Know  
Neutered/Spayed: Yes No If Yes, At What Age? \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
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