



Pet Name: _____ Client Last Name: _____

Species: _____ Breed (If Known): _____ Sex: _____

Spayed or Neutered?: _____ Color: _____ Age or Date of Birth: _____

Special Identification (Microchip): _____

Previous Veterinary Hospital: _____

Please list any other names they may be registered under. _____

Is your pet on any medications or supplements?

- Yes If yes, Please list the medications or supplements: _____
- No _____

What food is your pet currently eating? :

Does your pet have any allergies or have had any reactions to medications?

- Yes If yes, Please list allergies or reactions: _____
- No _____

Are there any current or past medical conditions which we should be aware of?

- Yes If yes, Please describe: _____
- No _____

If you are visiting this office for the first time, it is important that we receive all **prior**, and appropriate medical history for your pet. This information could provide useful information in order to properly treat your animal. It is recommended you contact your previous veterinarian and have this information emailed to our office at Bensenvilleanimalhospital@gmail.com.

I am the owner or agent of the above stated animal and give the authority to execute this consent. I hereby authorize the veterinarian to examine, treat, and prescribe for the above described pet. I assume responsibility for all charges incurred in the care of the pet. I also understand that all professional and medication fees are due at the time service is rendered.

Owner Signature

Date