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PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving At Home Veterinary Care the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Date: _____ (mm/dd/yyyy)

OWNER(S)

Mr. Dr. Ms. Mrs.

SPOUSE

Mr. Dr. Ms. Mrs.

LAST FIRST INITIAL LAST FIRST INITIAL

CHILDREN AT HOME: _____, _____, _____, _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
BEST PHONE WORK PHONE ALTERNATE PHONE

EMAIL: _____ **ALT. EMAIL:** _____

PLACE OF EMPLOYMENT: _____
EMPLOYER JOB TITLE

ADDRESS: _____
STREET CITY STATE ZIP

SPOUSE'S PLACE OF EMPLOYMENT: _____
EMPLOYER JOB TITLE

*What is the best time to reach you at home? _____

*If necessary, may we call you at work? YES NO

How did you become aware of our practice?

- Sign
- Internet
- Other: _____
- Personal Recommendation: Whom may we thank?

So that we are able to suit your individual needs- which do you feel most applies to you?

Check one:

- I feel that my pet is another member of our family.
- I feel that my pet is just a pet.

Check one:

- I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
- I want good medical care for my pet- but there is a limit to what I am able to have done.
- I want you to perform only the services that I request.

Check one:

- I want to learn as much as possible about pet health care. Please explain in detail what has been done for my pet, or what is needed.
- I would prefer you just summarize what has been done for my pet, or what is needed
- I want my pet healthy, but do not need to know what has been done.

Check one:

- I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined or treated.

PET INFORMATION (Please list all family pets.)

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Species				
Breed				
Description				
Date of Birth				
Sex				

How old was your pet when you acquired it? _____

How many hours is your pet outside each day? _____

Is your pet currently on a special diet or medication? _____

Any known drug allergies? _____

What prior illness or surgery should we know about? _____

Do you or any family member have any major health issues? _____

How long would you like your pet to live? _____

Would you like us to keep you informed about procedures and medications to improve the quality of your pet's life?

- Yes No

Are any of the following a concern to you in your pet's behavior? Please check:

- Excessive barking Biting Shedding Straying from home
 House breaking Smell Problem's around children
 Excessive itching/scratching Wetting/spraying in house Overly enthusiastic

Would you be interested in learning how to improve your pet's manners/behavior? Yes No

All fees are due upon release of patient. Please indicate your choice of payment:

- Cash Check MC/Visa

CLIENT'S SIGNATURE: _____ DATE: _____

Again, thank you for giving us the opportunity to serve you!