



# WESTSIDE VETERINARY CLINIC



Dr. Patton, Dr. Brady, Dr. Jacobek, Dr. Hutcheson and Staff

Welcome You

*New Client Form (Please Print)*

Thank you for giving us the opportunity to care for your pet(s).  
Please complete the following so that we may become better acquainted.

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

Owner's Name \_\_\_\_\_

Spouse/Co-Owner \_\_\_\_\_  
(Please include people qualified to make medical decisions for your pets)

May we use, reuse, publish, and broadcast media of your pet? ( ) Yes ( ) No

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ -AND- Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_  
(\* Photo Copy of Driver's License Required)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/Co-Owner Employer \_\_\_\_\_

Spouse/Co-Owner Work Phone \_\_\_\_\_

## **All Fees Are Due At The Time Services Are Rendered**

Please indicate available method(s) of payment:  
( ) Cash ( ) Check ( ) Visa ( ) MasterCard ( ) Discover ( ) CareCredit

How did you become aware of our clinic?  
( ) Drove By ( ) Clinic Website ( ) Internet Directory ( ) Radio Ad  
( ) Personal Recommendation ( ) Other: \_\_\_\_\_

If personal recommendation, whom may we thank? \_\_\_\_\_



# Patient History and Lifestyle Evaluation

## Consent

I understand that the purpose of this Patient History and Lifestyle Evaluation form is to recognize and assess risks in association with my pet(s) — particularly with regard to animal-borne diseases that may affect me or other household members. Further, I understand that I need NOT complete this form, nor need I answer all the questions to remain a client of this veterinary practice. This information will become part of my pet's medical record, will be treated as confidential, and will not be shared with any third parties. I hereby consent to the use of this form as described.

Your name (printed): \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Each Pet's Name	Dog or Cat	Age/DOB	Male/Female	Spayed/Neutered	Breed	Color

## Geographical History- Complete for all pets in household.

Does your pet have contact with outdoor wildlife? Yes  No

Where do you currently live? (check one) Rural Suburb City

Where do you currently live? (check one) Jefferson City-In City Limits City-Out of City Limits

Where else has this pet lived? \_\_\_\_\_

Do you vacation or travel with your pets? Yes  No

If yes, where have you taken your pet? \_\_\_\_\_

## Household Information

Our pet(s) is: Member of our family Child's pet  Backyard pet

Are there other pets in the family? Yes  No

If yes, what kind of pets? (Include all species): \_\_\_\_\_

What family members live in the household with the pet?

Number of infants and children (include ages): \_\_\_\_\_

Number of adults: \_\_\_\_\_ Seniors: \_\_\_\_\_

Are there any persons in the household who have an impaired immune system? (*This might make these people susceptible to some diseases of animals.*): Yes  No

Where does your pet sleep? (Be as specific as possible: Indoors or outdoors? Which room and location within the room? In a pet bed, which is located where?) \_\_\_\_\_

\_\_\_\_\_

## Access to the Outdoors and Contact with Other Dogs and Cats

Is your pet primarily indoors or outdoors? \_\_\_\_\_

When outdoors, which of these describes your pet's degree of freedom? (check one)

\_\_\_\_\_ Free to run and explore \_\_\_\_\_ Confined to an exercise pen

\_\_\_\_\_ Confined to the yard \_\_\_\_\_ Only allowed outdoors on a leash

Is your pet exposed to dogs and cats, other than your own, at any of these locations? (check as many as apply)

\_\_\_\_\_ Back yard \_\_\_\_\_ Dog Park \_\_\_\_\_ Grooming facility

\_\_\_\_\_ Dog or cat show \_\_\_\_\_ Boarding kennel \_\_\_\_\_ Obedience or agility trials

\_\_\_\_\_ Puppy or kitten obedience or socialization class

## Vaccination History

When and where did your pet last receive vaccinations? \_\_\_\_\_

Any injury or illness in past 30 days? Yes  No  (Describe) \_\_\_\_\_

Does the pet have a history of having seizures? Yes  No

Is the pet currently on any medications? Yes  No  (Describe) \_\_\_\_\_

Is the pet allergic to any drugs/medications? Yes  No  (List) \_\_\_\_\_

## Nutrition Information

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

Do you have total control over what your pet eats? Yes  No

## Parasitology History

Do you ever see fleas on your pet? Yes  No

Do you use routine flea and tick control treatments? Yes  No

What specific products do you use? \_\_\_\_\_

Do you ever find ticks on your pet? Yes  No

Does your pet ever receive a heartworm preventive medication? Yes  No

If so, when did your pet last receive this medication? \_\_\_\_\_

When did your pet last have a heartworm test? \_\_\_\_\_

Does your pet ever receive an internal parasite preventive medication? Yes  No

If so, when did your pet last receive this medication? \_\_\_\_\_

When did your pet last have a fecal examination? \_\_\_\_\_

## Dental Care History

When did your pet last have a complete dental evaluation? \_\_\_\_\_

When, if ever, did your pet last have a professional teeth cleaning? \_\_\_\_\_

Do you brush your pet's teeth routinely? Yes  No  If yes, how often? \_\_\_\_\_